

**A Summary of Research related to the Coursework Tool at the
Federation of State Boards of Physical Therapy (FSBPT): Refinement,
Reliability, and Validity of Inferences**

May 2016

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Executive Summary

One of the Federation of State Boards of Physical Therapy (FSBPT) services supporting public protection is to provide reliable, defensible, standardized, and valid tools for the evaluation of foreign-educated physical therapists (FEPTs) and physical therapist assistants (FEPTAs) using the coursework tool (CWT¹). The CWT is recognized by all 53 U.S. jurisdictions and was developed to align with the standards set for physical therapist (PT) and physical therapist assistant (PTA) programs accredited by the Commission on Accreditation of Physical Therapy Education (CAPTE)².

In 2014³, CAPTE updated the accreditation standards for PT and PTA programs; these changes go into effect in 2017. To ensure alignment between the CWT and the new CAPTE accreditation standards, FSBPT contracted DCI to review and refine the coursework tools, as well as conduct research on the tool to document its reliability⁴ and the validity of inferences made from it.

To conduct this research, DCI leveraged the expertise of PT and PTA professionals (the “SMEs”) representing a breadth of knowledge and experience related to the PT/PTA educational requirements and CAPTE accreditation standards. The CAPTE accreditation standards were used as the standard of minimum coursework requirements for foreign educated PTs and PTAs; expert input was gathered from the SMEs to ensure all standards applied was consistent with the minimum standard for PT/PTA coursework requirements.

As a first step in the content-oriented research process, DCI collected linkages from SMEs to identify and document the relationship between the CWT and the CAPTE accreditation standards. This resulted in the revision and development of CWT items to better align with the updated U.S. PT/PTA curriculum standards. SMEs conducted a final review to confirm the linkage between the updated CWT items and the CAPTE curriculum standards. The results of this research provide support for the validity of inferences made from the CWT.

Next, DCI conducted an inter-rater agreement study on the final CWT. SMEs were trained to use the tool and were then provided course packets to evaluate. DCI analyzed the SME evaluations to quantify their level of agreement. Results indicated adequate agreement among raters across all course packets. Kappa estimates ranged from 0.63 to 0.88 and the weighted average was 0.73.

Additionally, a literature search was conducted to identify best practices when implementing evaluation-type tools and processes. DCI consulted two research sources in its review: the foreign education credentialing review literature and the selection and assessment research literature. Based on the research, DCI identified a variety of best practices to improve the evaluation process.

In short, the FSBPT CWT for evaluating the equivalence of the coursework completed by FEPTs and FEPTAs against current CAPTE coursework standards is robust, job-related, and defensible.

FSBPT should continue to monitor any changes in CAPTE criteria that may warrant an update. Additionally, FSBPT’s revised Coursework Tool License Agreement requires more structured and standardized use of the tool across users, which likely enhances reliability and validity of inferences made based on the tool.

¹ The FSBPT coursework tools referenced in this report include both the *CWT5* and the *PTA Tool 2007*. Therefore, all uses of the acronym *CWT* will refer to both the FSBPT coursework tools, unless otherwise noted.

² The CAPTE accreditation standards refer to both the *PT and PTA Evaluative Criteria* and the *Standards and Required Elements for Accreditation of PT and PTA Education Programs*.

³ The documents were published in August of 2014, with minimal adjustments through November of 2016.

⁴ Note that the term reliability in this report represents the reproducibility of results measured by inter-rater agreement.

Table of Contents

Executive Summary	2
Chapter 1: Introduction and Background.....	6
Background and Context.....	6
Organization of this Report.....	7
About DCI Consulting Group.....	7
Understanding and Evaluating the Quality of Validity Research.....	9
Chapter 2: Foreign Educational Credentials Review Process.....	12
CAPTE and U.S. Accreditation	12
Foreign Physical Therapy Programs.....	13
The Coursework Tool (CWT).....	15
Chapter 3: The FSBPT CWT.....	16
CWT5.....	16
PTA Tool 2007	17
Rationale for CWT Structure	18
Chapter 4: Content-Oriented Validation Research	21
Subject Matter Expert Involvement	22
Phase 1: Initial CWT Validation Research	23
Pre-Focus Group Exercise	23
The FSBPT Focus Group.....	23
Open-ended questions.....	24
Linkage exercise	24
Evaluation of CAPTE criteria.....	24
CAPTE/CWT linkage	25
Phase 2: CWT Review and Refinement Efforts	26

Item development and refinement.....	27
Confirmation linkage exercise.....	28
Phase 3: CWT Reliability Research.....	28
Training.....	29
In-class training.....	29
Webinar training.....	29
Exercise-based training.....	30
Inter-rater agreement study.....	31
Data analysis.....	31
Results.....	31
Chapter 5: CWT Process Considerations.....	33
Foreign Education Credentialing Best Practices.....	33
Selection Literature.....	34
Chapter 6: Summary and Conclusion.....	37
References.....	39
Table 1. Rater agreement statistics for initial PT CWT agreement exercise.....	41
Table 2. Rater agreement statistics for second PT CWT agreement exercise.....	46
Table 3. Fleiss Kappa agreement estimates for inter-rater agreement study.....	51
Appendix A: FSBPT Coursework Evaluation Tool History.....	52
Appendix B: FSBPT CWT5.....	56
Appendix C: FSBPT PTA Tool 2007.....	74
Appendix D: CAPTE Standards of Evidence for PT and PTA.....	90
Appendix E: CWT Evaluation Flowchart.....	155
Appendix F: List of Participating Subject Matter Experts (SMEs).....	157
Appendix G: Pre-Focus Group Exercise for PT and PTA.....	161

Appendix H: Pre-Focus Group Exercise Results for PT and PTA 172

Appendix I: Focus Group Protocol for Onsite Activities 179

Appendix J: Focus Group Open Discussion Notes 221

Appendix K: CAPTE Evaluation Exercise for PT and PTA – Completed by FSBPT 226

Appendix L: FSBPT CAPTE Review Results for PT and PTA 252

Appendix M: CAPTE Review Verification Exercise Results (PT and PTA)..... 276

Appendix N: CAPTE/CWT Linkage Exercise and Discussion Notes..... 280

Appendix O: CWT based on Focus Group – both PT and PTA..... 308

Appendix P: Focus Group Suggestions for Updates to CWT Guidelines 326

Appendix Q: Timeline of PT CWT Review and Revision Activities..... 332

Appendix R: Pictures from the in-class CWT Training..... 337

Appendix S: Final PT CWT..... 339

Chapter 1: Introduction and Background

Background and Context

The Federation of State Boards of Physical Therapy (FSBPT) was founded in 1986; its mission is “to protect the public by providing service and leadership that promote safe and competent physical therapy practice.”⁵ FSBPT and its member Boards accomplish this by achieving “a high level of public protection through a strong foundation of laws and regulatory standards in physical therapy, effective tools and systems to assess entry-level and continuing competence, and public and professional awareness of resources for public protection.”⁶

FSBPT’s members are the physical therapy licensing boards in all 50 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. One of FSBPT’s services supporting public protection is to provide reliable, defensible, standardized, and valid tools for the evaluation of foreign-educated physical therapists (FEPTs) and physical therapist assistants (FEPTAs) using the coursework tool (CWT⁷). The purpose of this review is very narrow: to determine if FEPTs and FEPTAs appear to have the necessary skills, education, and training to practice safely and effectively in the U.S. Specifically, the curriculum completed by FEPTs/FEPTAs is compared to the current U.S. standards. The use of the CWT for the evaluation of curriculum is used by the jurisdictional boards to determine if the individual’s education meets the state’s minimum requirements for licensure and thus are eligible to take the National Physical Therapy Examination (NPTE).

Each year approximately 5,000 FEPTs/FEPTAs are evaluated for educational equivalency in order to be eligible to take the NPTE. The CWT is recognized by all 53 U.S. jurisdictions and was developed to align with the Evaluative Criteria set for PT and PTA programs accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE).

⁵ <https://www.fsbpt.org/AboutUs/MissionVision.aspx>

⁶ <https://www.fsbpt.org/AboutUs/MissionVision.aspx>

⁷ The FSBPT coursework tools referenced in this report include both the *CWT5* and the *PTA Tool 2007*. Therefore, all uses of the acronym *CWT* will refer to both the FSBPT coursework tools, unless otherwise noted.

In 2014⁸, CAPTE updated the accreditation standards for Physical Therapist (PT) and Physical Therapist Assistant (PTA) programs. The new changes will go into effect January 1, 2017. To ensure the CWT used to evaluate FEPTs/FEPTAs are in alignment with the new CAPTE accreditation standards, FSBPT contracted with DCI Consulting Group, Inc. (DCI) to conduct research on the CWT. DCI performed this research in two stages: (1) by facilitating focus groups where subject matter experts (SMEs) refined CWT content and compared that content to the new CAPTE accreditation standards and (2) by conducting reliability⁹ research on the CWT to document some basic psychometric properties of the tool. This report details these research objectives.

Organization of this Report

The purpose of this report is to summarize the FSBPT coursework tool, its use, and updated refinement and content-oriented validation research process and results. The remainder of **Chapter 1**, outlines the qualifications of DCI staff, the role and usefulness of industrial and organizational (I/O) psychology in the evaluation of personnel selection and related matters, and provides a primer on content-oriented validation research. In **Chapter 2**, we provide an overview of the foreign educational credentials review process and discuss the role of the CWT in the evaluation process. **Chapter 3** outlines the specific components of the CWT. In **Chapter 4**, we outline the research methodologies used to update the tool, evaluate content-oriented validity evidence, and consider its reliability. **Chapter 5** presents a literature-based discussion of implementation considerations when conducting foreign educational credential reviews. **Chapter 6** concludes the report with a summary of our research on the CWT.

About DCI Consulting Group

DCI is a risk management human resources consulting firm located in Washington, D.C. All of DCI's consultants have advanced degrees in industrial / organizational (I/O) psychology or a related discipline. I/O psychologists are uniquely qualified to understand the intersection of work and human behavior, as they are trained to evaluate employment and other high stakes decision-making, work performance, and organizational behavior using rigorous methods consistent with

⁸ The documents were published in August of 2014, with minimal adjustments through November of 2016.

⁹ Note that the term reliability in this report represents the reproducibility of results measured by inter-rater agreement.

the scientific method. For this reason, I/O psychologists are often involved in the development of selection systems related to hiring, promotion, termination, training, eligibility, etc. The I/O psychologists at DCI have specialized knowledge in personnel selection and psychological measurement in the equal employment and affirmative action regulatory (EEO/AA) compliance context, and often assist clients with evaluating, developing, and validating employment selection systems. Our qualifications are described below.

Eric M. Dunleavy, Ph.D., is an I/O psychologist and Director of the Personnel Selection and Litigation Support Services team at DCI. His primary areas of expertise are in employee selection, validation research, adverse impact analyses, and other quantitative methods. He also serves on staff with the Center for Corporate Equality (CCE), where he has authored responses to proposed EEO/AA regulations that were submitted to the federal government.

Dr. Dunleavy received his M.A. and Ph.D. in industrial/organizational psychology with a concentration in quantitative data analysis from the University of Houston. He has served as the President, Vice President, and Legal Chair of the Personnel Testing Council of Metropolitan Washington, D.C. (PTC/MW), and is on the editorial board of *The Industrial/Organizational Psychologist* as co-author of the “On the Legal Front” column. Eric has published articles in the *International Journal of Selection and Assessment*, *Journal of Business and Psychology*, the *Handbook of Work Analysis*, and *Industrial and Organizational Psychology: Perspectives on Science and Practice*. In 2011, Eric received the first Early Career Contributions Award-Practice, from the Society of Industrial and Organizational Psychology (SIOP). In 2015, he was awarded SIOP fellowship. Eric is currently a member of the SIOP Professional Practice Committee and is involved in a SIOP task force responsible for discussing contemporary selection practices with EEOC and updating the SIOP Principles. He is an adjunct faculty member at George Mason University and University of Maryland, Baltimore County, where he has taught graduate courses in statistics, measurement, and legal issues.

Emilee Tison, Ph.D., is an I/O psychologist and Senior Consultant at DCI where she is involved in employee selection and equal employment opportunity consulting. Emilee’s primary areas of expertise are in employment testing, job analysis, and validation strategies, and quantitative methods in the equal employment context. At DCI, she has conducted large scale

adverse impact analyses of selection processes, developed and validated selection procedures, and trained clients on a variety of employee selection and EEO issues.

Prior to joining DCI, Emilee worked at the U.S. Office of Personnel Management (OPM) as a personnel research psychologist in the Selection and Promotion Assessment Group. At OPM, Emilee led job analysis/competency modeling, gap analysis, and assessment development projects; delivered trainings, including assessor/interviewer training; and conducted adverse impact analyses.

Emilee received her M.S. and Ph.D. in industrial/organizational psychology from Virginia Polytechnic Institute and State University (Virginia Tech). She currently serves as the co-program chair for the International Personnel Assessment Council (IPAC). Emilee's recent conference presentations have focused on validation research in the context of equal employment opportunity and adverse impact reduction approaches.

Understanding and Evaluating the Quality of Validity Research

Selection procedure validity refers to the appropriateness of inferences made based on a selection procedure. Or, more specifically, whether or not accurate inferences can be made about applicant or employee characteristics related to performance based on selection procedure scores. In determining the adequacy and legal defensibility of validation research, there are three main technical authorities that provide guidance (Jeanneret, 2005):

- Standards for Educational and Psychological Testing
- Principles for the Validation and Use of Personnel Selection Procedures
- Uniform Guidelines on Employee Selection Procedures

The *Standards for Educational and Psychological Testing* (Standards), which is published jointly by the American Educational Research Association (AERA), American Psychological Association (APA), and the National Council on Measurement in Education (NCME), focuses on general testing and represents broad guidance from educational and psychological testing communities (see AERA et al, 2014). A related publication, the *Principles for the Validation and Use of Personnel Selection Procedures* (Principles), is published by the Society for Industrial and

Organizational Psychology (SIOP, 2003) and focuses on best practices in selection procedure research. Both authorities provide guidance on conducting validation research and how that research can be used in the development and evaluation of selection systems.

The technical authority given the most deference in the legal context in the United States is the *Uniform Guidelines on Employee Selection Procedures* (Uniform Guidelines, 41 CFR 60-3). The Uniform Guidelines was published jointly by the Equal Employment Opportunity Commission (EEOC), the Civil Service Commission (CSC), the U.S. Department of Labor (DOL), and the U.S. Department of Justice (DOJ) to guide federal contractors in developing equitable and valid employment selection systems.¹⁰ Although professional perspectives on validity have evolved since the publication of the Uniform Guidelines, and are reflected in the Principles and Standards, the Uniform Guidelines is the most frequently referenced authority for evaluating validity evidence. This is likely because the Uniform Guidelines continues to be endorsed by the U.S. agencies that enforce employment discrimination statutes. That said, the current research was designed to be in-line with all three technical authorities: the Uniform Guidelines, the Principles, and the Standards.

Furthermore, the Standards were heavily leveraged in this research effort as they provide the foundation for various accreditation and credentialing models, prescribing specific guidance related to this type of tool development. Developed as guidance “*to promote sound testing practices and to provide a basis for evaluating the quality of those practices*”, the Standards were written with test developers, evaluators, sponsors, and publishers in mind. The Standards are intended “*to provide the criteria for the development and evaluation of tests and testing practices and to provide guidelines for assessing the validity of interpretations of test scores for the intended test uses.*”

All three technical authorities indicate that a study is needed to demonstrate the validity of the inferences made from that selection procedure. The Uniform Guidelines state that “*users may rely upon criterion-related validity studies, content validity studies, or construct validity studies, in accordance with the standards set forth in the technical standards of these guidelines, section 14*

¹⁰ The Uniform Guidelines is available online at: <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&sid=fa70fad4a3a6f9486e907cd14d73aff6&rgn=div5&view=text&node=41:1.2.3.1.3&idno=41>.

of this part.” Of course, the more adequate the research that is conducted, the more confident selection procedure users can be in the decisions that are being made. Specifically related to credentialing tools, the Standards indicate that validation evidence “*depends mainly on content-related evidence, often in the form of judgments...with the occupation or specialty being considered. Such evidence may be supplemented with other forms of evidence external to the test. For example, information may be provided about the process by which specifications for the content domain were developed and the expertise of the individuals making judgments about the content domain.*” Therefore, DCI employed the content-oriented validation strategy in the research outlined in this report.

Content-oriented validation research focuses on demonstrating that the content of the selection procedure (like the CWT) is representative of important aspects of the target profession. This is typically accomplished through a linking process where subject-matter experts define the relationship between the content of the selection procedure and critical aspects of the job. Therefore, an important step in a content-oriented validation study is to fully understand the target job. This is usually accomplished through job analysis. Job analysis helps to ensure an accurate and thorough understanding of the content of the job, identifying the scope and criticality of what is performed as well as the worker characteristics needed for successful performance.

However, in this particular context, the job analysis is essentially what was done to produce the CAPTE accreditation standards: the *Evaluative Criteria for PT and PTA Programs* and the *Standards and Required Elements for Accreditation of PT and PTA Education Programs* (henceforth called the ‘CAPTE criteria’). The CAPTE criteria are the standards to which U.S. physical therapy programs are evaluated for accrediting purposes. To create the criteria, CAPTE engaged in a large scale analysis of PT/PTA schools to determine the contemporary state of the PT/PTA education¹¹. As such, the probative content linkage is from the coursework tool (i.e., CWT) to CAPTE criteria.

¹¹ See link for CAPTE document outlining the rules of practice and procedure:
[http://www.capteonline.org/uploadedFiles/CAPTEorg/About CAPTE/Resources/Accreditation Handbook/Rulesof PracticeandProcedure.pdf](http://www.capteonline.org/uploadedFiles/CAPTEorg/About%20CAPTE/Resources/Accreditation%20Handbook/RulesofPracticeandProcedure.pdf)

Chapter 2: Foreign Educational Credentials Review Process

The foreign educational credentials review process provides a narrow framework for comparing the curriculum completed by FEPT and FEPTA graduates to current U.S. standards. This is used by a set of Educational Credentialing Agencies for submission to U.S. jurisdictional licensure boards, educational admissions offices, employers and as part of the requirements for a USCIS Health Care Worker Certificate. The purpose of this review is very narrow: to determine if FEPTs and FEPTAs appear to have the necessary skills, education, and training to practice safely and effectively in the U.S. This evaluation of curriculum is also used by the jurisdictional boards to determine if the individual's education meets the state's minimum requirements for licensure. The jurisdictional boards use the credentials review as one of the criteria to allow an applicant to sit for the national physical therapy licensing examination – the NPTE. A foreign educational credentials review process is necessary to help ensure the most obviously unqualified foreign-educated candidates are not considered for licensure as PTs and PTAs in the U.S. All of the U.S. licensing jurisdictions use the CWT and educational credentials review process in some fashion to inform licensure¹² decisions. The NPTE is another important indicator in overall candidate evaluations.

In the sections below, we briefly outline (a) the Commission on Accreditation in Physical Therapy Education (CAPTE), which determines accreditation standards for PT/PTA programs in the U. S., (b) how the foreign educational credentials review process relates to CAPTE criteria, and (c) the form and purpose of the FSBPT coursework tools (CWT)¹³ used to evaluate the coursework completed by foreign-educated physical therapy graduates.¹⁴

CAPTE and U.S. Accreditation

CAPTE has determined the accreditation standards for PT and PTA programs in the U.S. (the CAPTE criteria), where the CAPTE criteria are the standards used to “grant specialized accreditation status to qualify entry-level education programs for physical therapist and physical

¹² Physical therapists and physical therapist assistants must have a license to practice in the U.S.

¹³ The FSBPT coursework tools referenced in this report include both the *CWT5* and the *PTA Tool 2007*. Therefore, all uses of the acronym *CWT* will refer to both the FSBPT coursework tools, unless otherwise noted.

¹⁴ Note that the educational credentials review process is not designed to determine nuanced quality of education or knowledge of physical therapy areas; instead, it is intended to identify candidates of foreign programs that do not appear substantially equivalent to the U.S. standard required by CAPTE curriculum criteria.

therapist assistants.”¹⁵ Additionally, CAPTE is the only accreditation agency recognized by the Department of Education and the Council for Higher Education Accreditation.¹⁶ The accreditation process, and the CAPTE criteria used as an evaluation tool, are important because they help to identify those U.S. PT/PTA programs that meet the profession’s standards for quality, relevant education. It is therefore assumed that a student graduating from a CAPTE accredited program has received quality training in all of the essential PT/PTA competency areas. In fact, the CAPTE criteria serve as the established standard to which PT and PTA programs are evaluated. Graduation from a CAPTE accredited institution is a minimum requirement for U.S. PT and PTA graduates to gain access to (i.e., sit for) the NPTE. Thus, access to the NPTE is limited to those graduates likely to have the requisite knowledge and skills needed to pass the exam.

Foreign Physical Therapy Programs

As mentioned above, the quality of physical therapy training programs in the U.S. is determined by CAPTE accreditation. Unfortunately, across many other countries, an accreditation process does not exist for physical therapy training programs to ensure (and document) the quality of the education received by graduates¹⁷. In instances where a foreign accreditation process may be implemented, no formalized evaluation of how the accreditation process compares to the U.S. accreditation process exists. Therefore, it is necessary to individually evaluate the training of foreign-educated PT and PTA graduates who are applying for licensure to practice as a PT or PTA in the U.S. to ensure that they have received substantially equivalent training.

As a result of this need for individual assessment, a reasonable process must be used to evaluate foreign-educated PT and PTA graduates who appear to have the necessary skills, education, and training to practice safely and effectively in the U.S. An organization implementing such a process, however, faces unique challenges such as: (a) managing the lack of standardization in physical therapy program content and requirements within and across countries, (b) managing the lack of consistent accreditation standards across countries that can be used to sanction physical therapy programs, (c) managing limitations in terms of how thoroughly a program in a different language

¹⁵ <http://www.capteonline.org/home.aspx>

¹⁶ <http://www.capteonline.org/About/>

¹⁷ Some individual countries do employ their own accrediting process (e.g., Canada - <http://www.peac-aepe.ca/english/>).

and country can be evaluated (e.g., onsite visits to evaluate programs are not feasible, readability of translated documents may vary, completeness of program documentation differs), (d) managing the lack of direct and obvious one-to-one correspondence between CAPTE criteria and course content in programs outside of the U.S., and (e) managing the balance between being overly strict and overly lenient in the evaluation of foreign education equivalence, as this evaluation is used to identify those candidates that meet the educational requirements to be considered for licensure as physical therapists in the U.S.

Furthermore, the review and evaluation process is not centralized. In fact, several different organizations review the qualifications of foreign-educated PT and PTA graduates to evaluate whether the education received is substantially equivalent to the U.S. standard. These organizations include¹⁸: the Foreign Credentialing Commission on Physical Therapy (FCCPT), the CGFNS International through its subsidiary the International Consultants of Delaware (ICD), International Credentialing Associates, Inc. (ICA), and International Education Research Foundation, Inc. (IERF), and the Registrar at University of Texas – Austin.

Note that individual licensing jurisdictions in the U.S. may also conduct their own educational credentials review.¹⁹ In other words, licensing jurisdictions do not have to use the aforementioned credentialing agencies to assist in the review process. Instead, they may conduct their own review²⁰ and make executive decisions regarding candidate foreign education equivalency.

A standardized framework is required to guide the review of foreign curriculum to evaluate whether graduates of the PT/PTA program appear to have the necessary skills, education, and training to practice safely and effectively in the U.S. The CWT was designed for the purpose. Specifically, the CWT is intended to evaluate the curriculum of foreign-educated PTs and PTAs to identify those candidates who do not appear substantially equivalent to the U.S. standard required by the CAPTE criteria.

¹⁸ <https://www.fsbpt.org/FreeResources/CredentialingOrganizationsforNonUSCandidates.aspx>

¹⁹ Currently, only the state of New York conducts their own education credentials review.

²⁰ Note that all 50+ U.S. licensing jurisdictions use the CWT in some form when performing educational credentials reviews.

The Coursework Tool (CWT)

The CWT is a standardized framework for evaluating the qualifications of foreign-educated PT and PTA graduates and was originally developed by the Credentials Evaluation Committee of the FCCPT. At the time of the tool's initial development, the Credentials Evaluation Committee was composed of educators of CAPTE-accredited physical therapy education programs and clinicians. The CWT, designed to align with CAPTE curriculum criteria, allows the identification of foreign physical therapy curricula that are substantially equivalent to U.S. standards. FSBPT now owns the tool and is responsible for oversight, updates and periodic validation studies. In fact, the CWT has been revised over time, both in response to changing CAPTE criteria and in efforts to improve the effectiveness of the evaluation using the tool. See **Appendix A** for a history of the CWT development and refinement.

Chapter 3: The FSBPT CWT

Prior to 2001, credentialing agencies conducted foreign educational credentials reviews using their own, often different, evaluation criteria. In an effort to provide a standardized, professionally accepted method for evaluating the equivalence of foreign physical therapy educations to the U.S. standard, the U.S. jurisdictional licensure boards wanted a tool available to all credentialing agencies completing reviews for licensure purposes. Thus, the CWT is now available to the credentialing agencies through a licensing agreement. The content-oriented validation research focuses on determining the relationship between the CAPTE curriculum criteria and the FSBPT CWT.

FSBPT provides two versions of the CWT – one for the evaluation of PT curriculum (CWT5) and one for the evaluation of PTA curriculum (PTA Tool 2007). Over the years, reviews of the tools have necessitated updates to ensure alignment with the recognized national criteria in force at the time. The current versions of the CWT include two major content areas: a general or foundation education section and a professional or technical education section. The specific content areas included on the CWT5 and PTA Tool 2007 are outlined in the following sections.

CWT5

The CWT5 is designed to reflect the minimum general and professional educational requirements for substantial equivalence at the time of graduation with respect to a U.S. first professional degree in physical therapy. The tool itself allows the user to document course content in the following areas:

- General Education
 - Humanities
 - Physical Science
 - Biological Science
 - Social Science
 - Behavioral Science
 - Mathematics
- Professional Education

- Basic Health Science
- Medical Science
- Clinical Science: Examination and Evaluation
- Clinical Science: Interventions
- Clinical Education
- Related Professional Coursework

In addition to the identification of course content, CWT5 users also document credit hours associated with each course content area to determine if the minimum requirements are met. A total of 90 credit hours are required for *Professional Education* coursework and a total of 150 credit hours are required across all coursework. Note that required minimum credit hours are based on the annual Aggregate Program Data report from CAPTE²¹. See **Appendix B** for a copy of the CWT5.

Overall evaluation of equivalence is based on a combination of course content and program credit hours, as well as an understanding of the academic level of the educational program and institution within the context of the originating country's educational system.

PTA Tool 2007

The PTA Tool 2007 is designed to reflect the minimum foundational studies and applied science and technical education for substantial equivalence with respect to a U.S. first degree for a physical therapist assistant. The tool itself allows the user to document course content in the following areas:

- Foundational Studies
 - Humanities
 - National Science: Physical Sciences and Biological Sciences
 - Social / Behavioral Science
 - Mathematics / Logic
- Applied Sciences and Technical Education

²¹ See CAPTE data here:

[http://www.capteonline.org/uploadedFiles/CAPTEorg/About CAPTE/Resources/Aggregate Program Data/AggregateProgramData_PTPrograms.pdf](http://www.capteonline.org/uploadedFiles/CAPTEorg/About%20CAPTE/Resources/Aggregate%20Program%20Data/AggregateProgramData_PTPrograms.pdf)

- Basic Health Science
- Medical Science: General Medical Knowledge
- Clinical Science: Data Collection
- Clinical Science: Interventions
- Clinical Education
- Related Technical Coursework

In addition to the identification of course content, the PTA Tool 2007 users also document credit hours associated with each course content area to determine if the minimum requirements are met. A total of 15 credit hours are required for *Foundational Studies* coursework, 49 credit hours are required for *Technical Education* coursework, and a total of 64 credit hours are required across all coursework. Note that required minimum credit hours are based on the annual Aggregate Program Data report from CAPTE²². See **Appendix C** for a copy of the PTA Tool 2007.

Overall evaluation of equivalence is based on a combination of course content and program credit hours, as well as an understanding of the academic level of the educational program and institution within the context of the originating country's educational system.

Rationale for CWT Structure

Credentialing agencies are charged with determining the comparability (or substantial equivalency) of the education provided by foreign institutions to that of the education provided by U.S. institutions. The diversity in the educational systems across countries makes this a difficult task. In fact, countries differ widely on a variety of factors, including the curricula covered, grading methodologies, years to degree attainment, and credit systems employed (cf. Turner, 1979).²³ Degree equivalency methodologies have emerged to highlight best practices and summarize the common approaches used during evaluations.

Watkins (2010) outlines the two prominent methodologies employed to compare international credentials for degree comparisons to the U.S. standard: (a) focusing on the length of time spent

²² See CAPTE data here:

[http://www.capteonline.org/uploadedFiles/CAPTEorg/About CAPTE/Resources/Aggregate Program Data/AggregateProgramData_PTAPrograms.pdf](http://www.capteonline.org/uploadedFiles/CAPTEorg/About%20CAPTE/Resources/Aggregate%20Program%20Data/AggregateProgramData_PTAPrograms.pdf)

²³ Although some efforts are attempting to standardize components that may differ (e.g., the Bologna process; WES, 2007).

attaining the degree (often called year counting or the quantitative method) and (b) comparing benchmark credentials awarded (called benchmarking). Each approach has value; however, guidance in the credentialing literature suggests that focusing on just one of these approaches may miss the mark – as not all foreign educational systems adhere to the U.S. practice of degree title or length of study (see Watkins, 2010; Turner, 1979). The World Education Service (WES) indicated that relying solely on the number of years of study could force evaluators to overlook candidates even when “records demonstrate that they...have achieved the same skills and level of knowledge as their U.S. counterparts” (pg. 19, WES, 2007). Furthermore, Guiton (1977) highlights that a reliance on “diplomas ignore the issue of ‘material equivalence’ and comparability.” Therefore, many institutions and private credentialing agencies “use a mixture of both methods” as part of the evaluation process (Watkins, 2010). In other words, considering the nature of the originating degree, in addition to the length of time required for acquisition (via credit hours), provides a better understanding of the foreign education.

The aforementioned methodologies, however, fall short of the main objective of degree comparisons – which is to instill confidence that the knowledge and skills acquired via the foreign education is comparable to the U.S. standard (Turner, 1979). In fact, the contextual factors that can provide insight into the quality of the foreign education are overlooked, including foreign program entrance requirements, program content, and the status of the awarding institution, among others. Approaches that incorporate a variety of contextual factors, in addition to the degree attainment piece, provide the opportunity to make more informed decisions of degree comparisons, and are more in line with best practices (see Turner, 1979; Watkins, 2010; UK NARIC, 2015).

The CWT incorporates this best practices approach into the CWT design, to assist in the determination of comparability (or substantial equivalency) of the education provided by foreign institutions to that of the education provided by U.S. institutions. Specifically, the CWT uses a preponderance of evidence to determine substantial equivalency by collecting a variety of information, including degree credentials, credit hours, and relevant contextual factors, such as institution specific information and specific course content covered. The in-depth focus on the course content covered as part of the foreign education also allows the CWT to make clearer comparisons to the U.S. curriculum standard – as outlined by CAPTE.

It is important to note that although different credentialing efforts may employ different evaluation methodologies, there is clear agreement on one fact – that a knowledge of the foreign educational system (as well as the U.S. educational system) is paramount to conducting a quality degree comparison (cf. Watkins, 2010; Turner, 1979).²⁴ It is through this understanding that evaluators understand (a) the benchmark to which a foreign education is compared and (b) the context with which a foreign education is interpreted (e.g., Carnegie units vs ECTS or grade conversions).

²⁴ To underscore the importance of having information on foreign education systems, the American Association of Collegiate Registrars and Admissions Officers (AACRAO) developed the Electronic Database for Global Education (EDGE). This database is “a web-based resource for the evaluation of foreign educational credentials” and includes information on a variety of educational systems. Efforts are taken to continually update and expand to maintain its relevance.

Chapter 4: Content-Oriented Validation Research

When conducting content-oriented validation research, the attributes, knowledge, and skills needed in the discipline must first be identified and articulated via an acceptable research method. Once such attributes are identified and articulated, the content of the evaluative process (like the CWT) must be such that an individual's possession of the requisite attributes, knowledge, and skills are inferred from some record or demonstrated through some explicit behavior or both. To the extent that the inferences about the attributes, knowledge, and skills reflected in the evaluation are accurate, the evaluation is valid (Binning & Barrett, 1989; Landy, 1986).

As mentioned previously, the CWT is an evaluation tool used to determine if foreign physical therapy coursework is substantially equivalent to the U.S. standard (i.e., CAPTE criteria) and meets a state jurisdictional board's minimum requirements for licensure. There is inherent difficulty in evaluating the education of foreign physical therapy graduates given the lack of standard criteria, like CAPTE, to guide the development, implementation, and evaluation of foreign physical therapy programs. Thus, it is not feasible to make direct determinations of the quality of physical therapy educations received outside of the U.S. However, it is possible to collect information on coursework from the foreign physical therapy programs and evaluate the curriculum compared to U.S. standards. This idea of evaluating foreign physical therapy curriculum was the impetus for developing the CWT.

The extent that the CWT content reflects the CAPTE curriculum criteria, there is substantial evidence that the CWT allows evaluation of the relevant knowledge and skills gained in CAPTE accredited U.S. physical therapy programs. In 2014²⁵ CAPTE published new evaluation criteria for the U.S. PT and PTA programs²⁶; therefore, to ensure the CWT reflects the U.S. curriculum standard, additional research was conducted to ensure alignment between the CWT and the new CAPTE criteria.

This research was structured as three distinct phases: **Phase 1:** Initial CWT validation research, **Phase 2:** CWT review and refinement, and **Phase 3:** CWT reliability research. The initial

²⁵ The documents were published in August of 2014, with minimal adjustments through November of 2016.

²⁶ The new CAPTE standards of evidence are provided in **Appendix D**. Note that this exercise contains a version of CAPTE downloaded in December 2015. CAPTE provided minor updates to the CAPTE criteria since the January panel.

validation research (i.e., the collection of content linkages between the CWT and CAPTE criteria) is presented as part of **Phase 1** for two reasons: (1) to allow for an in-depth discussion of how the new CAPTE criteria are represented by existing CWT items – to highlight needed revisions and additions to the CWT and (2) to collect linkage ratings that could be leveraged as validation evidence for those items not needing any refinements. **Phase 2** was designed to focus only on those areas identified as deficient in **Phase 1**, to streamline the content development research efforts. Supplemental linkages between the new CWT items and CAPTE criteria were also incorporated into this phase to confirm that newly revised CWT items were representative of the new CAPTE criteria. **Phase 3** focuses on the reliability research for the newly defined CWT. Specifically, this phase focuses on (1) CWT use training, (2) the finalization of CWT guidance (user) documents, and (3) the evaluation of how similar CWT users are in their evaluations. See **Appendix E** for a flowchart outlining the major objectives of **Phases 1, 2, and 3**.²⁷ Each phase is discussed in the sections below.

Subject Matter Expert Involvement

It is important to note that FSBPT sought experts in the PT/PTA field to participate in the research activities outlined in the following sections. Many of the exercises (such as the content linkages and item revisions) are complicated and require an in-depth understanding of the content being evaluated to ensure confidence in the accuracy of their results. Therefore, the experts FSBPT selected to participate in this research were chosen specifically due to their experience and knowledge of CAPTE and PT/PTA education and practice. For the DCI led activities, all of the experts were licensed PTs/PTAs with advanced degrees. The experts worked over ten years, on average, in the following positions: *Vice Provost and Dean; Director, Accreditation Department, APTA; Professor of Physical Therapy; and Provider and Corporate Compliance Specialist*. **Appendix F** lists the subject matter experts (SMEs), outlining the research activities in which they participated. For the DCI led activities, additional details are provided related to the SME's credentials and other demographic information.

²⁷ Note that due to heavier CWT revisions than anticipated, minor changes to the research phases were necessitated. The rationale for these changes, as well as how they were implemented, are discussed in the sections below.

Phase 1: Initial CWT Validation Research

In an independent research effort, SMEs participated in exercises designed to assess linkages between the new CAPTE criteria and the CWT. DCI met with the SMEs to review all target content and determine the following: (a) if critical aspects of the CAPTE criteria that should be evaluated are captured by the CWT, (b) if any critical aspects of the CAPTE criteria that should be evaluated are missing from the CWT, and (c) if any irrelevant information is being evaluated by the CWT. Additionally, DCI conducted a targeted discussion with the SMEs to determine perceptions of accuracy, clarity, and completeness of the CWT. This was accomplished in a two phases: during a pre-focus group exercise and an in-person focus group.

Pre-Focus Group Exercise. Prior to the in-person focus group, SMEs were provided a packet of information via email that (a) provided an introduction to the upcoming focus group and (b) contained an exercise that included questions about each participant's background and qualifications, as well as questions related to the CWT, the new CAPTE criteria, and factors assessed during the credentialing review process. The purpose of the pre-focus group exercise was to facilitate the SMEs thinking about the CWT and the credentialing review process, as well as have them review the new CAPTE criteria. The SMEs were asked to independently review and complete the exercise prior to the in-person focus group January 8-10, 2016. See **Appendix G** for a copy of the pre-focus group exercise.

The FSBPT Focus Group. January 8-10, 2016, DCI met SMEs to (a) answer specific questions related to CAPTE, the foreign educational credentials review process, and the purpose and use of the CWT and (b) assess linkages between the current CAPTE criteria and sections of the CWT. Each SME was given a copy of the focus group protocol which DCI used to lead the session. The focus group began with a welcome period where DCI and the FSBPT staff introduced themselves. As part of this introduction, DCI facilitated a walk-through of the pre-panel material packet, question by question. After this discussion, DCI collected each of the SME's written responses to the pre-focus group exercise. **Appendix H** presents the results of the pre-focus group exercise.

The remainder of the session was divided into two separate sections: (a) an open discussion of content questions related to the foreign educational credentials review process, the CWT, and the

new CAPTE criteria and (b) a linkage exercise where the CAPTE criteria were linked to corresponding sections of the CWT.

See **Appendix I** for a copy of the focus group protocol for all of the planned onsite exercises.²⁸

Open-ended questions. For this portion of the focus group, DCI's role was (a) to set up each discussion question, (b) facilitate the discussion and ask clarifying questions, and (c) document subject matter expert responses. To accomplish this, DCI and the SMEs reviewed the instructions and purpose of the exercise together. Then, DCI read the first content question aloud to begin the discussion. After each SME had a chance to respond to the content question, DCI moved to the next question and continued to facilitate discussion. Follow-up or clarification questions were asked as needed. This process continued until all of the content questions were addressed. Two note takers were present to document the discussion. **Appendix J** presents the results of the content discussion.

The primary purpose of this exercise was to ensure all of the SMEs were actively thinking of the CWT, CAPTE criteria, and the foreign education credentials review process prior to beginning the subsequent research steps.

Linkage exercise. DCI conducted an evaluation of the relationship between CAPTE criteria and the CWT by collecting *linkage ratings*. Specifically, the SMEs completed a standardized protocol in which they (a) identified the CAPTE criteria relevant to the evaluation of curriculum content and (b) linked individual CAPTE curriculum criteria to the CWT.

Evaluation of CAPTE criteria. Prior to the focus group, FSBPT staff provided initial ratings of each CAPTE criterion in terms of their appropriateness in evaluating foreign education.²⁹ In total, 3 FSBPT staff reviewed the CAPTE criteria and provided ratings. See **Appendix K** for a

²⁸ For the introductory exercises, the PT and PTA SMEs were together. Specifically, the PT and PTA SMEs reviewed the pre-focus group exercise, participated in the open-ended questions discussion, and identified the CAPTE criteria relevant to the CWT as a group. The PT and PTA SMEs split to complete the CWT to CAPTE linkage and item review/refinement exercises separately.

²⁹ The exercise was introduced to FSBPT on January 4th. Staff completed their review and returned their ratings to DCI via email on January 5-6th, 2016.

copy of exercise completed by FSBPT. The results of this evaluation exercise were presented to the SMEs during the focus group for their evaluation and verification.

To begin this review, DCI walked through the CAPTE criteria and the initial review ratings with the SMEs (see **Appendix L** for the FSBPT results presented to the SMEs). The SMEs were then engaged in discussions about whether or not each CAPTE criterion was appropriate to use as a standard when evaluating foreign education. Specifically, the SMEs were asked to determine if the CAPTE criteria were related or relevant to the evaluation of coursework content. SMEs discussed each CAPTE criteria in turn and came to consensus on the final determination. See **Appendix M** for the results of this discussion. The SMEs determined that all of the CAPTE criteria, except **Standards 6** and **7**³⁰, are outside the scope and function of the CWT as they are not appropriate to use when evaluating foreign education. The primary reason being that other CAPTE criteria are administrative components designed to understand the quality and structure of *institutional PT/PTA programs*. As the CWT was not designed to examine and evaluate institutional policies and procedures, faculty, or resources, these criteria are not applicable to the discussion of the CWT. Therefore, the linkages of focus for this research (outlined in the next section) were between the CWT and the CAPTE curriculum criteria (**Standards 6** and **7**).

CAPTE/CWT linkage. After identifying those CAPTE criteria appropriate for the evaluation of coursework content, the SMEs were asked to determine any linkages to the CWT. To begin the linkage exercise, DCI walked through the reference documents – the new CAPTE curriculum criteria and the CWT – with the group to ensure there were no questions. Then, DCI read through the exercise instructions and walked through an example with the group. Once it was clear that everyone understood the exercise, the SMEs completed the first page of linkages and then stopped for discussion. DCI facilitated discussions to determine (a) if anyone thought the CAPTE curriculum criteria did not link to the CWT, (b) if any of the CAPTE curriculum criteria were not applicable to the CWT, and (c) if anyone had any questions or needed clarification. The SMEs completed the exercise individually, then participated in open discussions to come to a

³⁰ **Standard 6** is *The program has a comprehensive curriculum plan* and **Standard 7** is *The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for all initial practice in physical therapy and for lifelong learning necessary for functioning within an every-changing health care environment*. Focus group SMEs indicated that although **Standard 6** was relevant to evaluating foreign education, not all aspects of **Standard 6** were appropriate.

group consensus on the linkage status. In the end, the group consensus of the linkages between the CAPTE curriculum criteria and the CWT were documented. After the discussion, the SMEs were asked to complete the next page of linkages and then stop for discussion. This process continued, page by page, until all of the CAPTE curriculum criteria were evaluated against the CWT sections.

If a linkage was indicated, the specific CWT sections that best linked to the CAPTE curriculum criteria was recorded. This research resulted in many, but not all, of the CAPTE curriculum criteria being linked to the CWT. Given the CWT was developed based on a previous version of CAPTE curriculum criteria, these results are not surprising. In fact, this outcome was expected and the results were used to facilitate the development and refinement of CWT items in the next research phase. **Appendix N** presents the results of the CAPTE, CWT linkage exercise completed during the SME focus group.

Although the need to revise and create CWT content was expected, the SMEs identified changes that were fairly substantial in nature. In particular, sections of the CWT were completely restructured – in addition to the content changes. This resulted in (a) **Phase 1** taking more time than anticipated and (b) the need to collect more substantial supplemental validation linkages in **Phase 2**.

Phase 2: CWT Review and Refinement Efforts

The initial CWT validation research efforts outlined above highlighted areas of the CWT that required refinement to ensure alignment with the current CAPTE curriculum criteria. To address these deficiencies, SMEs participated in exercises designed to update the CWT to ensure alignment with the new CAPTE curriculum criteria.³¹ Specifically, DCI met with the SMEs to (a) refine existing CWT items to more closely align with the new CAPTE curriculum criteria, (b) develop new CWT items to address the new CAPTE curriculum criteria and (c) collect validation evidence for the new CWT. This occurred as part of two phases: 1) initial CWT item development and refinement and 2) confirmation that the updated CWT linked to all relevant CAPTE criteria. These efforts are discussed in more detail below.

³¹ These exercises were part of the January 8-10, 2016 focus group previously mentioned. The activities outlined in this section were accomplished after the initial validation research.

Item development and refinement. To begin this exercise, DCI reviewed the CWT deficiency areas identified during the CWT validation research with the group. This included areas where (a) existing items needed slight language edits and (b) new items needed to be developed to align with the new CAPTE curriculum criteria. Once it was clear that everyone understood the purpose of the exercise, DCI facilitated discussions for each existing item of the CWT. As part of these discussions, the SMEs considered various edits to the CWT language before coming to consensus on the final language. DCI interjected clarifying questions where needed to assist in the discussion process. This process continued, item by item, until all of the CWT items were reviewed and revised.

At the end of each CWT section (or group of similar items), DCI asked the SMEs if any additional items were needed to fully address the new CAPTE curriculum criteria. In other words, SMEs were asked if new CWT items needed to be developed. If the SMEs indicated no additional items were needed, the review of the CWT items continued. However, if the SMEs indicated new items were needed, the SMEs proceeded to develop new CWT items. The development of new items mirrored the process of CWT item refinement: 1) SMEs discussed potential language options, 2) DCI asked targeted questions to help facilitate the development discussion, and 3) SMEs came to consensus on final CWT item language. See **Appendix O** for the draft CWT³² based on the focus group edits.³³

It is important to note that the CWT has a corresponding interpretation document for use by credentialing evaluators called the *Guidelines for the Use of the CWT* (the “Guidelines”). This document provides additional guidance, not included in the CWT itself, related to item interpretation and use standards. The additional context and direction provided in this document is intended to assist evaluators in accurately and consistently interpreting the CWT items. Therefore, during the item development and refinement efforts, SMEs also identified CAPTE references and additional language to utilize when updating the Guidelines (documented in

³² Note that one item – *Diagnostic Imaging* – was added to the CWT based on SME feedback and insider knowledge that CAPTE was going to add diagnostic imaging to the standards of evidence. After the panel was concluded, CAPTE updated the standards of evidence to include this item; therefore, this change was retained.

³³ Note that FSBPT employed additional PT CWT item changes post-focus group due to broad policy considerations and additional feedback from SMEs. All changes were presented to the focus group SMEs for approval, consensus-style. See **Appendix Q** for details on the post-focus group changes to the PT CWT and Guidelines. These changes are not captured in **Appendix O**.

Appendix P). This information was provided to FSBPT staff for the review and refinement of the Guidelines during post-focus group activities led by FSBPT. Specifically, FSBPT used the SME input to draft initial changes to the Guidelines and then sent the revised Guidelines to the SMEs for review. See **Appendix Q** for details on all post-focus group review activities led by FSBPT.

Confirmation linkage exercise. This exercise was originally structured to collect supplemental linkages on only those newly updated or created CWT items. The rationale for this approach was based on (a) the assumption that few changes were anticipated to the CWT and (b) the plan to leverage the original content linkages for CWT items that remained unchanged. However, the CWT item development and refinement activities were more extensive than expected; the SMEs ended up restructuring portions of the CWT in addition to revising/adding item content. To ensure the collection of validation evidence for all of the CWT changes, DCI adjusted the exercise onsite: SMEs were asked to complete a full confirmation linkage exercise to ensure the content of the new CAPTE curriculum criteria were fully represented in the final (newly updated) CWT.

To begin the exercise, DCI reviewed the newly updated CWT and the CAPTE curriculum criteria with the SMEs. Then, DCI walked through the CAPTE curriculum criteria one-by-one to get SME input on any CWT items that linked. The SMEs engaged in open discussion of each target CAPTE criteria and identified CWT items that linked.³⁴ DCI facilitated discussion of the identified CWT items to ensure final consensus on whether or not the CAPTE curriculum criteria was sufficiently covered. In the end, the SMEs all agreed that the final CWT reflected all (100%) of the CAPTE curriculum criteria.³⁵

Phase 3: CWT Reliability Research

Reliability of a procedure refers to whether the procedure results in *consistent* measurements or evaluations across time, people, events, and/or situations (Nunnally & Bernstein, 1994). With respect to the CWT specifically, questions of reliability can refer to whether (a) individual raters would consistently arrive at the same evaluation of a credentialing packet if evaluating the

³⁴ Due to time limitations during the focus group, this linkage exercise was conducted as a consensus-style discussion.

³⁵ To supplement this content-oriented validity exercise, it is suggested that FSBPT perform a full, formal linkage exercise and append this report.

credentialing packet multiple times and (b) the same credentialing packet would receive the same evaluation across different raters. To determine CWT reliability, this research focused on evaluating whether or not different raters, using the CWT, come to the same conclusions of coursework evaluation. First, raters were trained to use the CWT. Then, raters participated in the agreement exercise. These steps are described in more detail in the sections below.

Training. Training is a way to ensure an evaluation tool is implemented correctly and consistently. In other words, training increases the likelihood that multiple raters will independently arrive at the same conclusion using the evaluation tool. Therefore, SMEs were trained on the form and use of the CWT. This training occurred in three steps: initial group training, a webinar training, and an individual, exercise-based training.

In-class training. As part of the January 8-10, 2016 focus group, SMEs participated in a classroom-style CWT training session. During this session, SMEs sat through a short presentation developed and delivered by FSBPT staff that provided a high-level overview of the evaluation process, as well as the CWT's final form and function. SMEs were then provided with portions of a course syllabi to review. FSBPT used flipcharts to post the sections of the CWT on the training room walls. Once SMEs had finished their course review, they documented the identified coursework placement on the posted CWT sections. All the SMEs were able to review and discuss the coursework placement as a group. See **Appendix R** for pictures from the training session. Note that timing issues prevented a summary review of the CWT evaluation results as a team. Instead, it was determined that a follow-up webinar would be used to discuss the results and answer any final questions.

Webinar training. On March 1, 2016, FSBPT staff met with the SMEs to review the results of the in-class training exercise³⁶, review any post-focus group updates to the CWT, answer any questions, and explain the next steps in the project. In particular, SMEs were asked if there were any questions or concerns with the CWT content³⁷ or if any clarifications of CWT items were needed. Once all the SMEs indicated they were comfortable with the CWT content, FSBPT

³⁶ FSBPT provided the results of this in-class training exercise in a single document to all SMEs prior to the webinar.

³⁷ Based on this webinar, further clarification to terminology was incorporated into the Guidelines. These additions were distributed to the SMEs for review. See **Appendix Q** for additional details on the PT CWT and Guidelines post-focus group review activities.

explained that the SMEs would be receiving a credentialing packet to evaluate with the CWT. As part of this exercise, the SMEs were asked to identify any additional updates for the Guidelines – to assist with the interpretation of CWT items.

*Exercise-based training*³⁸. On March 3, 2016, SMEs received a credentialing packet to evaluate with the CWT³⁹. The purpose of this exercise was twofold: (1) to provide additional training on using the CWT and (2) to identify any areas where additional language was required in the Guidelines (to assist with the interpretation of CWT items). SMEs were given two⁴⁰ weeks to complete the packet review. FSBPT collected the final responses from SMEs, compiled the data into a single dataset, and passed along the data to DCI for analysis. Responses were evaluated in terms of agreement in identification of coursework for each CWT item. Specifically, each CWT item was evaluated in terms of the percentage of SMEs who agreed the content was identified or not. See **Table 1** for the results of this initial exercise. FSBPT used the results of this exercise to identify areas of disagreement and determine whether or not additional updates to the CWT or Guidelines were required.

On April 6, 2016 SMEs received a second credentialing packet to evaluate with the CWT. As with the first exercise, the purpose of this effort was to (1) provide additional training on using the CWT and (2) identify any final areas where additional language was required in the Guidelines. The data collection and analysis steps were identical to the first exercise described above. See **Table 2** for the results of this exercise. Following this review, the CWT was finalized⁴¹. See **Appendix S** for the final version of the CWT.⁴²

³⁸ The remaining research activities outlined in this report apply only to the PT coursework tool. The PTA coursework tool efforts were placed on hold after the webinar training in an effort to complete the PT coursework tool for implementation in 2017.

³⁹ As previously mentioned, the PTA coursework tool efforts were placed on hold; therefore, references to the CWT in the remaining research efforts only refer to the PT coursework tool.

⁴⁰ SMEs were given a two week deadline; however, three weeks were required to collect all of the exercises from the SMEs.

⁴¹ Prior to finalization and use in the agreement study, the CWT was reviewed and revised to ensure clarity, completeness, and alignment with FSBPT policy. These reviews included FSBPT staff, FCCPT PT staff, and the SMEs who participated in the DCI led focus group. See **Appendix F** for a list of participating SMEs and **Appendix Q** for more details on the post-focus group review efforts.

⁴² The Guidelines will not be finalized until the new CWT is adopted. As the Guidelines are not a public document, they are not included in this report.

Inter-rater agreement study. On April 14, 2016, SMEs received five credentialing packets to evaluate course content using the CWT. Specifically, raters were asked to review the course content for each foreign institution and determine whether or not evidence of the CWT items existed in the provided documents. SMEs completed their reviews by May 4, 2016. FSBPT collected the final responses from SMEs, compiled the data into a single dataset, and passed along the data to DCI for analysis. As SMEs identified evidence through the documentation of specific course titles, the SME responses were re-coded to represent the nominal categories of ‘evidence found’ (i.e., 1) and ‘evidence not found’ (i.e., 0) for each CWT item. Responses were then evaluated in terms of agreement for the identification (or not) of course content for each CWT item. The purpose of this research was to determine if different raters using the CWT would similarly find (or not find) evidence for each item.

Data analysis. There are a number of acceptable methods for assessing the agreement of ratings across raters (i.e., inter-rater agreement). In cases where nominal data are being evaluated, kappa statistics (e.g., kappa and weighted kappa, Cohen, 1960, 1968) are often used to evaluate rater agreement. Cohen’s kappa and weighted kappa measure the degree of agreement between two raters, correcting for the extent of agreement expected by chance alone (cf. Fleiss, 1971). However, the use of both kappa and weighted kappa is restricted to the scenario where there are only two raters and those two raters rate the exact same subjects. Fleiss kappa is an extension of the unweighted kappa to measure the degree of agreement between any constant number of raters (Fleiss, 1971; Fleiss, Nee, and Landis, 1979). Given that the current study used more than two raters, DCI relied on the Fleiss kappa estimate of inter-rater agreement. All analyses were performed in Excel using the formulas presented in Fleiss et al (1979) and were replicated using the MAGREE macro in SAS (Chen, Zaebst, & Seel, 2005).

Results. Estimates of the inter-rater agreement of job analysis ratings are found in **Table 3**. DCI analyzed the ratings separately by foreign institution (i.e., credentialing packets) then reported the weighted average of the agreement estimate across all institutions. Because an estimate of 1.00 indicates perfect agreement, the closer the Fleiss kappa estimate is to 1.00, the higher the inter-rater agreement. Results indicated adequate agreement among raters across all course packets; Kappa estimates ranged from 0.63 to 0.88 and the weighted average was 0.73. There are a variety

of rules of thumb available for classifying levels of agreement. Landis and Koch (1977) suggest that Kappa estimates greater than 0.60 generally represent “substantial” agreement.

Chapter 5: CWT Process Considerations

The foreign educational credentials review process is in place to (a) authenticate the credentials of foreign-educated physical therapy graduates and (b) evaluate whether coursework completed by each candidate is substantially equivalent to the first professional physical therapy degree in the U.S. The research conducted as part of this project (outlined in **Chapter 4**) was designed to ensure the CWT is both a valid and reliable tool. However, the CWT is employed by many end users via a licensing fee through FSBPT. Therefore, the implementation process of the tool could vary across credentialing agencies. Outside the structure and content of the tool itself, there are a variety of structural process decisions that may affect the utility of the tool and decisions stemming from it.

To that end, DCI conducted a review of the relevant scholarly literature – both in relation to foreign education credentialing guidance and scholarly research on selection tools and processes – to identify implementation considerations for the CWT. The remainder of this chapter outlines best practices from these areas of research.

Foreign Education Credentialing Best Practices

In reviewing the foreign education credentialing literature, two ideas are consistently expressed: (a) there are variations in the factors that define educational institutions (e.g., length of study, grade comparisons) and (b) there are variations across the factors those who provide credentialing services use to make evaluations (e.g., Margolis, 1994; Tse, 2012; Tsigelny, 2011; Turner, 1979; Watkins, 2010). Despite this variability, the literature has provided much in terms of identifying factors that can influence the quality of credentialing evaluations. Most notably, Turner (1979) and Watkins (2010) provided key considerations when conducting credentialing reviews. We relied on these resources to identify best practices and characteristics of quality evaluation processes.

Below outlines some best practices to consider when conducting foreign education credential evaluations:

- Employ a standardized process
 - Develop a consistent process for receiving, reviewing, and evaluating credentialing packets

- Develop a mode of communicating with foreign applicants
 - Provide information materials to fully explain the process
 - Identify a contact if additional information is needed
- Collect original, official documents
 - Collect the documents in the language of origin
 - Collect the English translations of the official documents
- Ensure authentication
 - Research institutions online and determining authenticity
- Provide resource materials
 - Develop a library of resource documents, including past documents, syllabi, etc.
- Provide rater training
 - Train raters conducting evaluations
- Use multiple raters
 - Use multiple raters to evaluate packets, using consensus as part of the process
- Ensure educational system knowledge
 - Understand the U.S. educational system to fully understand the standard
 - Understand the foreign educational system to ensure informed decisions (this is crucial with conversions that are needed to compare to U.S. standard)

Selection Literature

In our view, the general foreign educational credentials review process using the CWT shares features with a variety of personnel selection tools that use qualitative evaluation processes, including weighted application blanks/biodata questions (in which specific information is evaluated and scored) and structured employment interviews (in which individuals are asked questions and their responses are evaluated and scored). Although the CWT has a different purpose than a traditional employment selection tool, its general purpose and structure are similar to these comparison tools; each process involves the presentation, evaluation, and scoring of information in response to questions or prompts.

The most comprehensive research on qualitative evaluation processes has been conducted on the employment interview, and a considerable amount of research exists regarding specific structural

aspects of the interview process and the influence of those aspects on the reliability and job relatedness of interview evaluations. A large research body has shown that, all else equal, the more structure that is used in the process, the higher the reliability and job-relatedness (e.g., Campion, Palmer & Campion, 1997; Campion, Pursell & Brown, 1988; Huffcutt, Conway, Roth, & Stone, 2001; McDaniel, M.A., Whetzel, D.L., Schmidt, F.L., & Maurer, 1994). This general finding on structure has generalized to a wide variety of qualitative processes (e.g., Mael, 1991).

In their seminal articles on interview structure, Campion, Pursell & Brown (1988) and Campion, Palmer & Campion (1997) provided a framework for enhancing psychometric properties of qualitative evaluation processes via structural elements. They differentiated content parameters from process parameters. That is, structure can control (a) the content that is measured and (b) the manner in which collected information is evaluated. Research has also supported that unstructured interviews are significantly more susceptible to bias than are structured interviews (Aamodt, Bretcher, Kutcher, & Bragger, 2006). We relied on this as a framework to identify best practices and characteristics of quality selection tools.

Below outlines some best practices to consider when enhancing the structure of a selection procedure, when focusing on implementation considerations:

- Employ a standardized process
 - Develop a standardized process and criteria to evaluate all candidate packets, where there is no deviation from the tool (as written) and all items are evaluated
 - Develop a guide to assist users
- Control ancillary information
 - Ensure limited opportunity for candidates to unnecessarily influence evaluations
 - Use the available information (all of it) to make decisions
 - Automate calculation aspects (such as the standard credit calculations in the CWT) to safeguard against calculation errors and remove the need of reviewer judgments
- Provide rater training
 - Conduct evaluator training, including calibration, to ensure reviewers accurately and consistently implementing the CWT

- This is also important as it is not likely that a single rater can evaluate all incoming credentialing packets
- Use multiple raters
 - Engage in consensus discussions to ensure a common understanding of the applicability of CWT criteria and reduce biases that may exist
- Ensure appropriate documentation
 - This could include outlining the requirements to justify course placement
- Conduct quality reviews
 - Engage in periodic quality reviews to ensure processes and procedures are followed by reviewers and to confirm decisions rendered are as expected based on information provided
- Employ a due process⁴³
 - Develop a process where candidates have the opportunity to present objections or request additional review; this gives candidates an opportunity to be heard prior to final action taking place

⁴³ Although this is not a structural component per se, ensuring there is a due process is a best practice from a procedural justice perspective.

Chapter 6: Summary and Conclusion

The FSBPT contracted DCI to review and refine the coursework tools, as well as conduct research on the tool to document its reliability and the validity of inferences made from it. The research outlined in this report provides support for the use of the FSBPT CWT to evaluate the curriculum of FEPTs and FEPTAs to the current U.S. standard (i.e., CAPTE criteria).

To conduct this research, DCI leveraged the expertise of PT and PTA professionals (the “SMEs”) representing a breadth of knowledge and experience related to the PT/PTA educational requirements and CAPTE criteria. The CAPTE criteria were used as the standard of minimum coursework requirements for foreign educated PTs and PTAs; expert input was gathered from the SMEs to ensure all standards applied was consistent with the minimum standard for PT/PTA coursework requirements.

As a first step in the content-oriented research process, DCI collected linkages from SMEs to identify and document the relationship between the CWT and the CAPTE curriculum criteria. This resulted in the revision and development of CWT items to better align with the updated U.S. PT/PTA curriculum standards (i.e., CAPTE curriculum criteria). SMEs conducted a final review to confirm the linkage between the updated CWT items and the CAPTE curriculum criteria. The results of this research provide support for the validity of inferences made from the CWT.

Next, DCI conducted an agreement study on the final CWT. SMEs were trained to use the tool and were then provided course packets to evaluate. DCI analyzed the SME evaluations to quantify their level of agreement. Results indicated adequate agreement among raters across all course packets. Kappa estimates ranged from 0.63 to 0.88 and the weighted average was 0.73.

Additionally, a literature search was conducted to identify best practices when implementing evaluation-type tools and processes. DCI consulted two research sources in its review: the foreign education credentialing review literature and the selection and assessment research literature. Based on the research, DCI identified a variety of best practices to improve the evaluation process. Below outlines a sample of these best practices:

- Developing and documenting a standardized evaluation process
- Providing rater training to ensure consistent interpretation of CWT items

- Ensuring an understanding of the educational systems (both U.S. and foreign)
- Collecting original documents (both in the language of origin and translated)
- Developing a library of resource materials raters can leverage during evaluations

In short, the FSBPT CWT for evaluating the equivalence of the coursework completed by FEPTs and FEPTAs against current CAPTE coursework standards is robust, job-related, and defensible.

FSBPT should continue to monitor any changes in CAPTE criteria that may warrant an update.

It is important to note that FSBPT has revised the *Coursework Tool License Agreement* to include many aspects of the best practices identified through the literature review. As such, it is likely that requiring a more structured and standardized use of the tool across users enhances the reliability and validity inferences made based on the tool.

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Table 1. Rater agreement statistics for initial PT CWT agreement exercise.

CWT Items	% Rater Agreement	% of Raters Identifying Evidence of Item
A. Communication and Humanities		
1. English Language	100%	0%
2. English Composition	100%	0%
3. Speech or Oral Communication	92%	8%
4. Foreign Language	92%	8%
5. Native Language	92%	92%
6. Composition of Research Writing	85%	15%
7. Literature	100%	0%
8. Visual Arts	100%	0%
9. Performing Arts	100%	0%
10. Philosophy	100%	0%
11. Ethics	100%	0%
B. Physical Science		
1. Chemistry (with laboratory)	85%	85%
2. Physics (with laboratory)	92%	92%
3. Geology	100%	0%
4. Astronomy	100%	0%
C. Biological Science		
1. Biology	92%	92%
2. Anatomy	54%	54%
3. Physiology	69%	31%
4. Zoology	100%	0%
5. Kinesiology	85%	15%
6. Neuroscience	92%	8%
7. Genetics	100%	0%
8. Exercise Science	85%	15%
D. Social and Behavioral Science		
1. History	92%	92%
2. Geography	100%	0%
3. Sociology	100%	0%
4. Economics	100%	0%
5. Religion	100%	0%
6. Political Science	85%	15%
7. Psychology*	85%	85%
8. Anthropology	100%	0%

Table 1

CWT Items	% Rater Agreement	% of Raters Identifying Evidence of Item
E. Mathematics		
1. Statistics	92%	92%
2. Algebra	100%	0%
3. Pre-Calculus	100%	0%
4. Calculus	100%	0%
5. Trigonometry	100%	0%
6. Geometry	100%	0%
A. Basic Health Science		
1. Human Anatomy	100%	100%
2. Human Physiology	100%	100%
3. Neuroscience (Neuroanatomy/ Neurophysiology)	100%	100%
4. Kinesiology, Functional Anatomy, or Biomechanics	100%	100%
5. Pathology	100%	100%
6. Pharmacology	100%	0%
7. Genetics	100%	0%
8. Histology	100%	100%
9. Nutrition	100%	100%
10. Exercise Science	100%	100%
11. Psychosocial Aspects of Health, Disability, Physical Therapy	100%	100%
12. Diagnostic imaging	100%	0%
B. Medical Science		
1. Cardiovascular (including Lymphatic)	92%	92%
2. Respiratory	92%	92%
3. Endocrine	54%	46%
4. Metabolic	69%	69%
5. Renal, Genitourinary	77%	77%
6. Immune	69%	69%
7. Integumentary	62%	38%
8. Musculoskeletal	100%	100%
9. Neurologic	100%	100%
10. System Interactions	54%	46%
11. Differential Diagnosis	69%	69%
12. Medical, Surgical Conditions	92%	92%
13. Pediatrics	92%	92%
14. Geriatrics	62%	62%

Table 1

CWT Items	% Rater Agreement	% of Raters Identifying Evidence of Item
C. Examination		
1. History	92%	92%
2. Screening	85%	15%
3. Systems Review	85%	15%
4. Physical Exams, Tests, Measures Selection	85%	85%
5. Tests and Measures Administration:		
5a. Aerobic capacity/Endurance	92%	92%
5b. Anthropometric characteristics	92%	92%
5c. Mental Functions	54%	46%
5d. Assistive, adaptive devices	92%	92%
5e. Orthotic devices	100%	100%
5f. Prosthetic devices	92%	92%
5g. Community, work (job, school, or play) reintegration	69%	69%
5h. Cranial Nerve Integrity	62%	38%
5i. Peripheral Nerve Integrity	62%	62%
5j. Environmental, home, work barriers	92%	92%
5k. Ergonomics, body mechanics	77%	77%
5l. Gait	100%	100%
5m. Integumentary integrity	85%	15%
5n. Joint integrity and mobility	92%	92%
5o. Mobility (including Locomotion)	54%	54%
5p. Motor function	69%	69%
5q. Muscle performance	100%	100%
5r. Neuromotor development, sensory processing	85%	85%
5s. Pain	62%	38%
5t. Posture	92%	92%
5u. Range of motion	92%	92%
5v. Reflex integrity	77%	77%
5w. Self-care, home management	85%	85%
5x. Sensory integrity	69%	69%
5y. Ventilation, respiration or gas exchange	100%	100%
D. Evaluation		
1. Data Analysis and Evaluation	62%	62%
2. Patient Problem Identification	54%	46%
3. Findings that Warrant Referral	92%	8%
4. Prognosis and Goal Formulation	54%	54%
5. Plan of Care Development	77%	77%

Table 1

CWT Items	% Rater Agreement	% of Raters Identifying Evidence of Item
E. Plan of Care Implementation		
1. Interventions		
1a. Airway clearance techniques	85%	85%
1b. Integumentary Repair	77%	23%
1c. Integumentary Protection	77%	23%
1d. Wound Debridement	100%	0%
1e. Electrotherapy	100%	100%
1f. Thermal agents	100%	100%
1g. Mechanical devices	100%	100%
1h. Community, Work Functional Training	100%	100%
1i. Self-Care, Home Management Function Training	100%	100%
1j. Manual therapy techniques (including joint and soft tissue mobilization and massage)	100%	100%
1k. Patient/Client Education	92%	92%
1l. Prescription, application, and as appropriate, fabrication of assistive, adaptive, orthotic, protective, supportive, and prosthetic devices and equipment	92%	92%
1m. Therapeutic exercise	100%	100%
1n. Mobility Training	100%	100%
2. Plan of Care Management	54%	54%
3. Outcome Assessment	62%	38%
4. Discharge or Discontinuation	85%	15%
5. Patient-related Emergency Procedures	100%	100%
F. Clinical Education		
1. Variety of diseases and Condition	85%	85%
2. minimum 2 types of settings	85%	85%
G. Related Professional Coursework		
1. Professional Roles, Behaviors, and Values	85%	85%
2. Healthcare Systems, Administration, and Management	62%	38%
3. Community Health	85%	85%
4. Health Promotion and Wellness	85%	85%
5. Evidence-based Practice and Clinical Decision Making Processes	100%	100%
6. Teaching and Learning (including educational theory)	62%	62%

Table 1

CWT Items	% Rater Agreement	% of Raters Identifying Evidence of Item
7. Documentation (all aspects of patient/client management)	92%	8%
8. Communication	92%	92%
9. Legal and Regulatory Aspects of Physical Therapy practice	77%	77%
10. Ethical Aspects of Physical Therapy Practice	62%	38%
11. Teamwork / Interprofessional Collaboration	92%	92%
12. Cultural Competency	92%	8%
13. Consultation	92%	8%

A total of 13 raters participated in rating one syllabus with the CWT. Rater agreement indicates the percentage of CWT raters who agreed on the final rating (identification of the coursework or not). Rater identification of evidence indicates the percentage of CWT raters who determined the existence of evidence for the particular CWT item – either by listing the corresponding coursework or evidence found in (EFI).

Table 2. Rater agreement statistics for second PT CWT agreement exercise.

CWT Items	% Rater Agreement	% of Raters Identifying Evidence of Item
A. Communication and Humanities		
1. English Language	92%	8%
2. English Composition	100%	0%
3. Speech or Oral Communication	92%	8%
4. Foreign Language	92%	8%
5. Native Language	100%	0%
6. Composition of Research Writing	100%	0%
7. Literature	100%	0%
8. Visual Arts	100%	0%
9. Performing Arts	100%	0%
10. Philosophy	100%	0%
11. Ethics	100%	0%
B. Physical Science		
1. Chemistry (with laboratory)	77%	77%
2. Physics (with laboratory)	100%	0%
3. Geology	100%	0%
4. Astronomy	100%	0%
C. Biological Science		
1. Biology	85%	15%
2. Anatomy	85%	15%
3. Physiology	92%	8%
4. Zoology	100%	0%
5. Kinesiology	100%	0%
6. Neuroscience	100%	0%
7. Genetics	100%	0%
8. Exercise Science	100%	0%
D. Social and Behavioral Science		
1. History	100%	0%
2. Geography	100%	0%
3. Sociology	92%	8%
4. Economics	100%	0%
5. Religion	100%	0%
6. Political Science	100%	0%
7. Psychology*	100%	100%
8. Anthropology	100%	0%

Table 2

CWT Items	% Rater Agreement	% of Raters Identifying Evidence of Item
E. Mathematics		
1. Statistics	100%	0%
2. Algebra	100%	0%
3. Pre-Calculus	100%	0%
4. Calculus	100%	0%
5. Trigonometry	100%	0%
6. Geometry	100%	0%
7. Computer Studies	69%	69%
A. Basic Health Science		
1. Human Anatomy	100%	100%
2. Human Physiology	92%	92%
3. Neuroscience (Neuroanatomy/ Neurophysiology)	100%	100%
4. Kinesiology, Functional Anatomy, or Biomechanics	100%	100%
5. Pathology	100%	100%
6. Pharmacology	100%	0%
7. Genetics	54%	54%
8. Histology	69%	69%
9. Nutrition	85%	15%
10. Exercise Science	69%	69%
11. Psychosocial Aspects of Health, Disability, Physical Therapy	77%	77%
12. Diagnostic imaging	100%	100%
B. Medical Science		
1. Cardiovascular (including Lymphatic)	100%	100%
2. Respiratory	100%	100%
3. Endocrine	92%	8%
4. Metabolic	100%	0%
5. Renal, Genitourinary	100%	0%
6. Immune	92%	8%
7. Integumentary	85%	85%
8. Musculoskeletal	100%	100%
9. Neurologic	100%	100%
10. System Interactions	77%	23%
11. Differential Diagnosis	85%	15%
12. Medical, Surgical Conditions	54%	46%
13. Pediatrics	100%	100%
14. Geriatrics	100%	100%

Table 2

CWT Items	% Rater Agreement	% of Raters Identifying Evidence of Item
C. Examination		
1. History	85%	15%
2. Screening	54%	46%
3. Systems Review	77%	23%
4. Physical Exams, Tests, Measures Selection	62%	38%
5. Tests and Measures Administration:		
5a. Aerobic capacity/Endurance	62%	62%
5b. Anthropometric characteristics	85%	15%
5c. Mental Functions	85%	15%
5d. Assistive, adaptive devices	54%	46%
5e. Orthotic devices	77%	77%
5f. Prosthetic devices	77%	77%
5g. Community, work (job, school, or play) reintegration	85%	15%
5h. Cranial Nerve Integrity	77%	23%
5i. Peripheral Nerve Integrity	62%	62%
5j. Environmental, home, work barriers	77%	23%
5k. Ergonomics, body mechanics	85%	15%
5l. Gait	100%	0%
5m. Integumentary integrity	92%	92%
5n. Joint integrity and mobility	100%	100%
5o. Mobility (including Locomotion)	77%	23%
5p. Motor function	69%	31%
5q. Muscle performance	100%	100%
5r. Neuromotor development, sensory processing	77%	77%
5s. Pain	69%	69%
5t. Posture	100%	100%
5u. Range of motion	100%	100%
5v. Reflex integrity	77%	23%
5w. Self-care, home management	100%	100%
5x. Sensory integrity	85%	15%
5y. Ventilation, respiration or gas exchange	69%	69%
D. Evaluation		
1. Data Analysis and Evaluation	69%	69%
2. Patient Problem Identification	62%	62%
3. Findings that Warrant Referral	100%	0%
4. Prognosis and Goal Formulation	77%	23%
5. Plan of Care Development	69%	31%

Table 2

CWT Items	% Rater Agreement	% of Raters Identifying Evidence of Item
E. Plan of Care Implementation		
1. Interventions		
1a. Airway clearance techniques	85%	85%
1b. Integumentary Repair	85%	85%
1c. Integumentary Protection	77%	77%
1d. Wound Debridement	100%	100%
1e. Electrotherapy	100%	100%
1f. Thermal agents	100%	100%
1g. Mechanical devices	92%	92%
1h. Community, Work Functional Training	92%	8%
1i. Self-Care, Home Management Function Training	69%	69%
1j. Manual therapy techniques (including joint and soft tissue mobilization and massage)	100%	100%
1k. Patient/Client Education	100%	0%
1l. Prescription, application, and as appropriate, fabrication of assistive, adaptive, orthotic, protective, supportive, and prosthetic devices and equipment	100%	100%
1m. Therapeutic exercise	92%	92%
1n. Mobility Training	92%	8%
2. Plan of Care Management	85%	15%
3. Outcome Assessment	100%	0%
4. Discharge or Discontinuation	100%	0%
5. Patient-related Emergency Procedures	100%	100%
F. Clinical Education		
1. Variety of diseases and Condition	100%	100%
2. minimum 2 types of settings	92%	8%
G. Related Professional Coursework		
1. Professional Roles, Behaviors, and Values	77%	77%
2. Healthcare Systems, Administration, and Management	77%	23%
3. Community Health	85%	85%
4. Health Promotion and Wellness	92%	92%
5. Evidence-based Practice and Clinical Decision Making Processes	92%	8%
6. Teaching and Learning (including educational theory)	92%	8%

Table 2

CWT Items	% Rater Agreement	% of Raters Identifying Evidence of Item
7. Documentation (all aspects of patient/client management)	77%	23%
8. Communication	54%	46%
9. Legal and Regulatory Aspects of Physical Therapy practice	92%	92%
10. Ethical Aspects of Physical Therapy Practice	100%	100%
11. Teamwork / Interprofessional Collaboration	85%	15%
12. Cultural Competency	92%	8%
13. Consultation	100%	0%

A total of 13 raters participated in rating one syllabus with the CWT. Rater agreement indicates the percentage of CWT raters who agreed on the final rating (identification of the coursework or not). Rater identification of evidence indicates the percentage of CWT raters who determined the existence of evidence for the particular CWT item – either by listing the corresponding coursework or evidence found in (EFI).

Table 3. Fleiss Kappa agreement estimates for inter-rater agreement study.

Course Packet	N Raters	Kappa Estimate	S.E.	Lower C.I.	Upper C.I.	z	p-value
Gujarat	6	0.63	0.023	0.58	0.67	27.14	<0.0001
Velez	6	0.88	0.023	0.84	0.93	38.23	<0.0001
Brazil	6	0.66	0.023	0.61	0.70	28.44	<0.0001
Baqai	5	0.83	0.028	0.77	0.88	29.32	<0.0001
Rajiv Gandhi	5	0.67	0.028	0.61	0.72	23.62	<0.0001
Average Across All Packets	28 ratings	0.73					

'Course packet' identifies the individual university course content evaluated by each rater; 'N raters' equals the same size of raters that evaluated each packet; 'Kappa Estimate' equals the Fleiss Kappa statistic; 'S.E.' equals the standard error; 'Lower C.I.' and 'Upper C.I.' equal the lower and upper confidence interval, respectively; 'z' equals the z-statistic; and 'p-value' equals the probability value associated with the z-test. Note that the final row in the table presents the weighted average Kappa estimate across all of the packets.

Appendix A: FSBPT Coursework Evaluation Tool History

Timeline of CWT History

1994 – The FSBPT appointed the FEPT Committee (Foreign Educated Physical Therapist Committee)

1995 – First Version of the “Coursework Tool” was assembled, using previous tools collected from a variety of credentialing agencies and jurisdictions. The committee shared the tool with the Boards and surveys were distributed to multiple stakeholders requesting input.

1996 – FSBPT published the Revised “Coursework Evaluation Tool for Persons Who Received Their Education Outside of the United States” This revision was based upon review of, and, correlations to, the following documents.

1. Commission on Accreditation in Physical Therapy Education (CAPTE)
 - a. List of Prerequisites of the 136 PT Programs
 - b. Evaluative Criteria for Accreditation of Educational Programs for the Preparation of Physical Therapists (CAPTE 1996)
 - c. APTA 1996 Professional education Factsheet
 - d. APTA 1995 Consensus Model of Physical Therapist Professional Education.
 - e. Surveys of 49 Jurisdiction rules and statute requirements
 - f. Data provided by the New Jersey Board T Education Committee collected from 1986 – 1990.
 - g. Responses solicited from 83 Physical Therapy Program Directors (educators in the US).

1999 – The FSBPT published a third revision of “the coursework tool” based upon the work and recommendations of the Credentials Review Committee (CRC) of the Foreign Credentialing Commission on Physical Therapy (FCCPT). These revision recommendations were made following a careful comparison and correlation to the items in the “APTA Normative Model – version 97”, bringing the tool into closer compliance with the Normative Model. The Delegate Assembly of the FSBPT voted to adopt the tool which became known as the “99 tool”.

2000 – Further recommendations for revision were made and at this time a delegate assembly motion charged the BOD to conduct a validation study to assure that the content required in the tool remained relevant while changes in the entry level degree for PT education was occurring, and to assure that there was fair implementation of criteria across and between countries.

2001 – FSBPT in cooperation with the FCCPT contracted with Dr. Karen Hayes and Ms. Babbette Sanders at Northwestern University Program in Physical Therapy to conduct a validation study to compare the content requirements of the “1999 version of the tool”, and the 4th Edition of the “tool” and the then current CAPTE Evaluative Criteria. They also looked at inter-rater and intra-rater reliability, and discriminatory sensitivity in the tool to identify PT from PTA education.

2003 – FSBPT BOD adopted the fourth edition of the coursework tool which was endorsed by the FSBPT Delegate Assembly as a recommended tool for the evaluation of Educational Equivalency. The FSBPT has made the “tool” available to other agencies by Letter of Agreement.

2004 – FSBPT surveyed CAPTE Programs and increased Gen Ed requirements to from 49 to 54 credits.

2005 – FSBPT developed tools that correspond with AMA, APTA, CAPTE criteria in place at time of graduation known as Retro tools.

2008 – The FSBPT Delegate assembly adopted the retro tools and recommended that Jurisdiction Boards use these for licensure purposes, however not all jurisdictions adopted the retro tools or use the retro tools in the same way. See <https://www.fsbpt.org/RegulatoryTools/ReferenceGuide/index.asp> for the list of state requirements and usage.

- Some are for year of graduation,
- Some for year of first US licensure, and

Some for year of first licensure. The tools are renamed:

CWT 1 – Graduation years 1955 – 1978

CWT 2 – Graduation years 1979-1991

CWT 3 – Graduation years 1992-1997

CWT 4 – Graduation years 1998- June 2009

2008 – FSBPT surveyed CAPTE Programs and increased Gen ED to 60 and Professional Ed minimum to 90 credits, content remains the same (April 1, 2008).

2009 – FSBPT deployed CWT 5 with updates from the previous CAPTE Criteria implementations for U.S. Programs.

2010 – The FSBPT developed and deployed a tool for PTA equivalency (PTA Tool 2007). All of the tools as well as the background for each can be found at:

<https://www.fsbpt.org/RegulatoryTools/CWT/index.asp>

2014 – The commission on Accreditation of PT Education (CAPTE) published the new Evaluative Criteria for PT Programs, with an implementation date of January 2016. The FSBPT therefore, began the process of review of the CWT 5 in preparation of the development and validation of the CWT6.

2015 -2016 The FSBPT appointed a taskforce to review and update the CWT, engaged DCI a consulting firm to provide the design and workgroup activities for the validation of a new CWT6 and a new PTA – tool 2016.

2016 - The Task force met, developed the tool and participated along with staff in a validation study. The Foreign Education Standards Committee reviewed the recommendations from the taskforce and assigned defensible credit minimums, all resulting in this report and recommendation to the BOD to add CWT 6 to the CWT. The PTA tool will be finalized later in the year.

Appendix B: FSBPT CWT5



FSBPT
Coursework Tool
For Foreign Educated
Physical Therapists who Graduated
after June 30, 2009

CWT 5

Federation of State Boards of Physical Therapy
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COURSEWORK TOOL 5 TABLE OF CONTENTS

INTRODUCTION	1
OVERVIEW	2
SUMMARY	2
GENERAL EDUCATION	2
PROFESSIONAL EDUCATION	3
EVALUATION CHECKLIST	5
GENERAL EDUCATION	5
PROFESSIONAL EDUCATION	8
EXAMINATION AND EVALUATION CONTENT AREA SUMMARY	9
INTERVENTION CONTENT AREA SUMMARY	10
ACADEMIC INSTITUTION	12
SUMMARY	13
DEFINITIONS	14

INTRODUCTION

The Coursework Tools for Foreign Educated Physical Therapists (CWT) were developed by the Federation of State Boards of Physical Therapy (FSBPT) in response to the needs of its member jurisdictions for a standardized method to evaluate the educational equivalence of foreign educated physical therapists. Each CWT reflects the minimum general and professional educational requirements for substantial equivalence at the time of graduation with respect to a US first professional degree in physical therapy. Adoption of the tools would allow the same mobility of foreign educated physical therapists as that afforded to US educated graduates. Coursework Tools should not be interpreted as the sole determinant of an individual's educational preparation or competence to practice. CWT 5 is based upon the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*, CAPTE, which will be implemented by FSBPT on July 1, 2009.

The CWT that reflects current standards may be used to determine qualifications for prescreening certification for the United States Citizenship and Immigration Services (USCIS). They are also designed to be used by credentialing organizations and education programs. In addition, the CWTs may be used as a self-evaluation method to guide foreign educated physical therapists in comparing their education to US standards.

OVERVIEW

Summary

The applicant must meet the requirement of not less than 150 semester credit hours as a prerequisite. The minimum coursework requirements, in and of themselves, do not necessarily satisfy the requirements of the first professional degree. The applicant must have completed sufficient credit to satisfy the requirement for a post-baccalaureate degree. The applicant must also meet any jurisdiction-specific requirements.

General Education

General education in the areas of humanities, physical science, biological science, social science, behavioral science, and mathematics, must be identified. A minimum of a one-semester course must be successfully completed in each area of general education unless otherwise noted.

Note: Some jurisdictions may require a specific number of semester credits. The applicant must meet the specific requirements in the jurisdiction where they are seeking licensure.

1. Humanities

- | | |
|--|---------------|
| a. English | e. Literature |
| b. English composition | f. Art |
| c. Speech or oral communication | g. Music |
| d. Foreign language (other than native language) | |

2. Physical Science

- a. Chemistry with laboratory (one course required) *
 - b. Physics with laboratory (one courses required) *
 - c. Geology
 - d. Astronomy
- * Two semesters preferred

3. Biological Science

- | | |
|----------------|-----------------|
| a. Biology | e. Kinesiology |
| b. Anatomy* | f. Neuroscience |
| c. Physiology* | g. Genetics |
| d. Zoology | |
- * One year of anatomy & physiology preferred

4. Social Science

- | | |
|--------------|----------------------|
| a. History | d. Economics |
| b. Geography | e. Political science |
| c. Sociology | f. Religion |

5. Behavioral Science

- a. Psychology*
 - b. Anthropology
 - c. Philosophy
 - d. Ethics
- * Required

6. Mathematics

- a. Statistics
- b. Algebra
- c. Pre-calculus
- d. Calculus
- e. Trigonometry
- f. Geometry

Professional Education

Ninety semester credits shall be the minimum required in professional education.

1. Basic Health Science

Content is required in each topic listed (a through e) under basic health sciences.

- a. Human anatomy (specific to physical therapy)
- b. Human physiology (specific to physical therapy)
- c. Neuroscience
- d. Kinesiology or functional anatomy
- e. Pathology

2. Medical and Clinical Science

To prepare a competent physical therapist practitioner, the education must incorporate the essential elements of Examination, Evaluation, and Intervention. Therefore, educational coursework must contain all of the following:

- a. Clinical medicine pertinent to physical therapy. This must include but not be limited to:
 - 1. Neurology
 - 2. Orthopedics
 - 3. Pediatrics
 - 4. Geriatrics
 - 5. Cardiopulmonary
 - 6. Pharmacology
 - 7. General Medical/Surgical Metabolic Conditions
- b. Physical therapist coursework must include but not be limited to:
 - 1. Integumentary System
 - a. Examination
 - b. Evaluation
 - 2. Musculoskeletal System
 - a. Examination
 - b. Evaluation
 - 3. Neuromuscular System
 - a. Examination
 - b. Evaluation
 - 4. Cardiopulmonary System
 - a. Examination
 - b. Evaluation
 - 5. Metabolic Problems
 - a. Examination
 - b. Evaluation

Note: Examination and evaluation content areas must be completed. See Examination and Evaluation Content Area Summary.

- c. Physical therapist coursework must include but is not limited to:
 - 1. Integumentary Interventions
 - 2. Musculoskeletal Interventions
 - 3. Neuromuscular Interventions
 - 4. Cardiopulmonary Interventions

Note: Intervention content areas must be completed. See Intervention Content Area Summary.

3. Clinical Education

Clinical education must include physical therapist-supervised application of physical therapy theory, examination, evaluation, and intervention. The applicant must have a minimum of two full-time clinical internships of no less than 800 hours total, which are supervised by a physical therapist. The maximum number of full time clinical education credits is 23.

4. Related Professional Coursework

Content is required in the following 12 areas:

- | | | |
|--|---|--|
| a. Professional behaviors | e. Educational techniques | i. Psychosocial aspects in physical therapy practice |
| b. Administration | f. Medical terminology | j. Emergency procedures |
| c. Community health | g. Communication (related to client/patient care) | k. Cultural competency |
| d. Research and clinical decision making | h. Legal and ethical aspects of physical therapy practice | l. Consultation, screening and delegation |

EVALUATION CHECKLIST

Name:	Date:
School:	Country:
Degree:	
Reviewing Organization:	
Reviewer(s):	
Signature of Issuing Organization's Authorized Representative:	
Print Name and Title:	

Note for Reviewing Organizations: Please affix official organization seal to each page of the Evaluation Checklist for authentication purposes.

General Education

A. HUMANITIES: One course minimum	CREDIT HOURS	TRANSCRIPT REFERENCE
1. English*		
2. English Composition*		
3. Speech or Oral Communication		
4. Foreign Language (other than native language)		
5. Literature		
6. Art		
7. Music		
8. Native Language		
9.		

*For rows 1 & 2, if no credit in English or English composition is provided, the licensing jurisdiction should require the applicant to demonstrate English proficiency.

B. PHYSICAL SCIENCE: One semester course in chemistry with laboratory and one semester course in physics with laboratory are required.	CREDIT HOURS	TRANSCRIPT REFERENCE
1. Chemistry with laboratory (Course I)		
2. Chemistry, with laboratory (Course II)*		
3. Physics with laboratory (Course I)		
4. Physics with laboratory (Course II)*		
5. Geology		
6. Astronomy		
7.		
8.		

*One year of chemistry & physics preferred

C. BIOLOGICAL SCIENCE: One course minimum	CREDIT HOURS	TRANSCRIPT REFERENCE
1. Biology		
2. Anatomy*		
3. Physiology*		
4. Zoology		
5. Kinesiology		
6. Neuroscience		
7. Genetics		
8.		
9.		

* One year of anatomy & physiology preferred

D. SOCIAL SCIENCE: One course minimum	CREDIT HOURS	TRANSCRIPT REFERENCE
1. History		
2. Geography		
3. Sociology		
4. Economics		
5. Religion		
6. Political Science		
7.		
8.		

E. BEHAVIORAL SCIENCE: One course minimum	CREDIT HOURS	TRANSCRIPT REFERENCE
1. Psychology*		
2. Anthropology		
3. Philosophy		
4. Ethics		
5.		

*Required

F. MATHEMATICS: One course minimum	CREDIT HOURS	TRANSCRIPT REFERENCE
1. Statistics		
2. Algebra		
3. Pre-Calculus		
4. Calculus		
5. Trigonometry		
6. Geometry		
7.		

SUB-TOTAL GENERAL EDUCATION CREDITS: _____

Professional Education

A minimum of 90 semester credits is required in this area.

A. BASIC HEALTH SCIENCE: Must include but not limited to areas 1 – 5.	CREDIT HOURS	TRANSCRIPT REFERENCE	JUSTIFICATION
1. Human Anatomy (Specific to physical therapy)			
2. Human Physiology (Specific to physical therapy)			
3. Neuroscience (Neuroanatomy/ Neurophysiology)			
4. Kinesiology or Functional Anatomy			
5. Pathology			
6.			
7.			

B. MEDICAL SCIENCE: Clinical medicine pertinent to physical therapy. Must include but not limited to areas 1 - 7.	CREDIT HOURS	TRANSCRIPT REFERENCE	JUSTIFICATION
1. Neurology			
2. Orthopedics			
3. Pediatrics			
4. Geriatrics			
5. Cardiopulmonary			
6. Pharmacology			
7. General Medical/Surgical Metabolic Conditions			
8.			
9.			
10.			

C. CLINICAL SCIENCE: Examination & Evaluation Must include but not limited to areas 1a – 5b.	CREDIT HOURS	TRANSCRIPT REFERENCE	JUSTIFICATION
1. Integumentary System			
a. Examination			
b. Evaluation			
2. Musculoskeletal System			
a. Examination			
b. Evaluation			
3. Neuromuscular System			
a. Examination			
b. Evaluation			
4. Cardiopulmonary System			
a. Examination			
b. Evaluation			
5. Metabolic Problems			
a. Examination			
b. Evaluation			

Examination and Evaluation Content Area Summary

Within the credit hours assigned in Clinical Science: Examination & Evaluation above, indicate on the examination and evaluation content area summary below, content for which you found evidence for items 1 - 23.	Present = √ Absent = ∅	Transcript Reference
1. Aerobic capacity		
2. Anthropometric characteristics		
3. Arousal, mentation, and cognition		
4. Assistive and adaptive devices		
5. Community and work (job, school, or play) reintegration		
6. Cranial nerve integrity		
7. Environmental, home, and work barriers		
8. Ergonomics and body mechanics		
9. Gait, assisted locomotion, and balance		
10. Integumentary integrity		
11. Joint integrity and mobility		
12. Motor function		
13. Muscle performance (including strength, power, and endurance)		
14. Neuromotor development and sensory integration		

Within the credit hours assigned in Clinical Science: Examination & Evaluation above, indicate on the examination and evaluation content area summary below, content for which you found evidence for items 1 - 23.	Present = √ Absent = ∅	Transcript Reference
15. Orthotic, protective and supportive devices		
16. Pain		
17. Posture		
18. Prosthetic requirements		
19. Range of motion		
20. Reflex integrity		
21. Self-care and home management (including activities of daily living and instrumental activities of daily living)		
22. Sensory integration (including proprioception and kinesthesia)		
23. Ventilation, respiration, and circulation		
24.		
25.		

Adapted from *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*. Commission on Accreditation in Physical Therapy Education; 1996; p. 29.

D. CLINICAL SCIENCE: Interventions Must include but not limited to areas 1 – 4.	CREDIT HOURS	TRANSCRIPT REFERENCE	JUSTIFICATION
1. Integumentary Interventions			
2. Musculoskeletal Interventions			
3. Neuromuscular Interventions			
4. Cardiopulmonary Interventions			
5. Physical Agents / Electrotherapy			
6.			

Intervention Content Area Summary

Within the credit hours assigned in Clinical Science: Interventions above, indicate on the intervention content area summary below, content for which you found evidence for items 1-10.	Present = √ Absent = ∅	Transcript Reference
1. Airway clearance techniques		
2. Debridement and wound care		
3. Electrotherapeutic modalities		
4. Functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning)		

5. Functional training in self-care and home management (including activities of daily living and instrumental activities of daily living)		
6. Manual therapy techniques		
7. Patient-related instruction		
8. Physical agents and mechanical modalities		
9. Prescription, application, and as appropriate, fabrication of assistive, adaptive, orthotic, protective, supportive, and prosthetic devices and equipment		
10. Therapeutic exercise (including aerobic conditioning)		
11.		
12.		

Adapted from *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists*. Commission on Accreditation in Physical Therapy Education; 1996; p. 30.

E. CLINICAL EDUCATION	CREDIT HOURS*	TRANSCRIPT REFERENCE	JUSTIFICATION
Two Clinical Internships, total 800 hours			

Note: Clinical education must include physical therapist-supervised application of physical therapy theory, examination, evaluation, and intervention. The applicant must have a minimum of two full-time clinical internships of no less than 800 hours total that are supervised by a physical therapist.

*Maximum number of full time clinical education credits is 23.

F. RELATED PROFESSIONAL COURSEWORK: Must include but not limited to areas 1 – 12.	CREDIT HOURS	TRANSCRIPT REFERENCE	JUSTIFICATION
1. Professional Behaviors			
2. Administration			
3. Community Health			
4. Research and Clinical Decision Making			
5. Educational Techniques			
6. Medical Terminology			
7. Communication (related to client/patient care)			
8. Legal and Ethical Aspects of Physical Therapy practice			
9. Psychosocial Aspects in Physical Therapy			

Practice			
10. Emergency Procedures			
11. Cultural Competency			
12. Consultation, Screening & Delegation			

SUB-TOTAL PROFESSIONAL EDUCATION CREDITS: _____
(90 minimum)

Academic Institution

Describe the academic level of the educational program and the institution within the context of the country's educational system:
1. Status (recognition/accreditation) within the country's educational system:
2. Entry requirements (secondary education):
3. Degree equivalence (Baccalaureate, Post – Baccalaureate etc.):
4. Other (CAPTE accreditation, etc.):

Summary

Total General Education Credits:	
Total Professional Education Credits (90 Minimum):	
Total Credits (150 Minimum)	

DEFINITIONS

Adequate: Coursework satisfies the requirement that the level of complexity and scope of the content in a course or courses meets established standards necessary for the entry-level degree.

Clinical Education: That portion of a physical therapy program that is conducted in the healthcare environment rather than the academic environment. (*A Normative Model of Physical Therapist Professional Education: Version 2004: p. 159*)

Clinical Sciences: Content includes both diseases that require direct intervention of a physical therapist for management and diseases that affect conditions being managed by physical therapists across systems. (*Normative Model of Physical Therapist Professional Education: Version 2004; p. 159*)

Clock Hour: Fifty to sixty minutes or as determined by the policy of the institution.

Comments: Validation of transcript references. Identifies specific location within official institutional records where content area(s) may be found. These references may be in the form of educational objectives, listing of course content, course syllabi, test questions or other curricular documents.

Content Area: Component competencies as designated by the *Evaluative Criteria for Accreditation of Educational Programs for the Preparation of Physical Therapists* (Adopted January 2006; Effective July 1, 2009).

Course: A series of study which is taught at the post secondary level, which results in an official transcript of record with assigned grade, a course description and syllabus, and credit that can be verified by the institution. Credit is either assigned by a semester of 15 weeks, plus an exam week, or is converted to semester hours based on 16 weeks of study.

Credit Hour: A semester credit hour must include at a minimum: 15 hours of lecture, or 30 hours of laboratory, or 48 hours of clinical education.

Evaluation: A dynamic process in which the physical therapist makes clinical judgments gathered during the examination (*Guide to Physical Therapist Practice Rev. Second Edition, 2003, APTA*).

Examination: A comprehensive and specific testing process performed by a physical therapist that leads to diagnostic classification or, as appropriate, to a referral to another practitioner. The Examination has three components: the patient/client history, the systems reviews, and tests and measures. (*Guide to Physical Therapist Practice Rev. Second Edition, APTA, 2003*).

Foundational Sciences: Essential content that contributes to the development and understanding of physical therapy to include sciences that can be described as *basic* and *applied* and as *biological*, *physical*, and *behavioral*. (*A Normative Model of Physical Therapist Professional Education: Version 2004, p. 162*)

General Education: General Education constitutes all non-physical therapy education completed, provided these courses were taken at the college level from a recognized educational program. These courses, both pre-professional and post-professional education, may be used to fulfill the core course requirements

Grades: Undergraduate grades must equate to a "C" average in the United States. No failing grades should be accepted. Professional coursework must meet the requirement of a "C" or higher. Credentialing decisions for

conversion of grades or semester credits should follow accepted guidelines as published in acceptable and recognized country codes and "International Reference Guides." This includes, but is not limited to P.I.E.R., NAFSA publications, or AACROA publications.

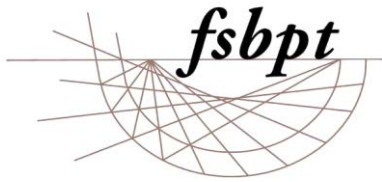
Intervention: The purposeful interaction of the physical therapist with the patient/client, and, when appropriate, with other individuals involved in patient/client care, using various physical therapy procedures and techniques to produce changes in the condition. (*A Normative Model of Physical Therapist Professional Education: Version 2004*; Page 163)

Standards: Foundational requirements of an established profession; in this case used by FCCPT to determine entry-level professional requirements for physical therapists. In physical therapy, *The Guide to Physical Therapist Practice Second Edition*, *A Normative Model of Physical Therapist Professional Education: Version 2004*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapists* serve as resources for setting these requirements.

Substantially Equivalent: The individual has satisfied or exceeded the minimum number of credits required in general and professional education needed for a U.S. first professional degree in physical therapy. Coursework completed may not be identical in all respects to a U.S. first professional degree in physical therapy, but all required content areas are evident. Deficiencies may be noted in coursework, but not in essential areas of professional education nor be of such magnitude that the education is not deemed to be at the entry-level of preparation for practice in the United States.

Transcript Reference: Official documentation from the academic institution of courses completed, grades assigned, and degree conferred in the form of an official transcript. In the exceptional cases where an official transcript does not exist within the institution, an alternative official document may be considered.

Appendix C: FSBPT PTA Tool 2007



Coursework Tool For Foreign Educated Physical Therapist Assistants

PTA Tool 2007

Federation of State Boards of Physical Therapy
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PTA TOOL 2007 TABLE OF CONTENTS

INTRODUCTION.....	1
THE USE OF THE COURSEWORK TOOL	2
OVERVIEW	3
SUMMARY	3
FOUNDATIONAL STUDIES.....	3
APPLIED SCIENCE & TECHNICAL EDUCATION.....	4
PTA EVALUATION CHECKLIST	5
FOUNDATIONAL STUDIES.....	5
APPLIED SCIENCES & TECHNICAL EDUCATION	6
DATA COLLECTION SKILLS CONTENT AREA SUMMARY	7
INTERVENTION CONTENT AREA SUMMARY	8
ACADEMIC INSTITUTION.....	10
SUMMARY	10
DEFINITIONS	11
BIBLIOGRAPHY.....	13

INTRODUCTION

The Coursework Tool for Foreign Educated Physical Therapist Assistants (PTA Tool 2007) was developed by the Federation of State Boards of Physical Therapy (FSBPT) in response to the 2008 published regulation number CMS-1385 by the Centers for Medicare and Medicaid Services (CMS) for Medicare reimbursement. This CMS regulation requires a foreign educated physical therapist assistant to show certification of education which is substantially equivalent to an entry-level physical therapist assistant's education in the United States. PTA Tool 2007 reflects the minimum foundational studies and applied science and technical education for substantial equivalence with respect to a US first degree for a physical therapist assistant. Coursework Tools should not be interpreted as the sole determinant of an individual's educational preparation or competence to work as a physical therapist assistant. CWT PTA 2007 is validated against the Commission on Accreditation in Physical Therapy Education's (CAPTE) *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants* adopted April 2006 and effective July 1, 2007.

PTA Tool 2007 may be used by credentialing organizations and educational programs. In addition, it may be used as a self-evaluation method to guide foreign educated physical therapist assistants in comparing their education to US standards.

THE USE OF THE COURSEWORK TOOL

The PTA Tool 2007 is to be used to assess those candidates who are applying for licensure or certification as PTAs in a US jurisdiction, or who are working in a setting providing services to clients who qualify for CMS funding. Finding substantial equivalency alone does not qualify an individual to work as a PTA. The finding of equivalency, however, may be a determinant in allowing a candidate to sit for the PTA National Physical Therapy Examination.

The role of the physical therapist assistant has historically been identified and labeled in the US as one of a paraprofessional who is uniquely educated to assist the physical therapist in the provision of physical therapy services. PTA education in the US is at the post-secondary level of education, and results in an Associate of Applied Science (A.A.S.), Associate of Science (A.S.) or an Associate of Arts (A.A.) degree. Programs are generally two years in length. The emphasis of PTA education is in the area of intervention.

US PTA curriculum consists of Foundational Studies and Applied Sciences and Technical Education. Foundational Studies include 15 semester credits in humanities, natural sciences, social/behavioral sciences and mathematics/logic. The Applied Sciences and Technical Education include a minimum of 49 semester credits to address basic health science, medical science, data collection techniques, therapeutic interventions, supervised clinical work and related technical coursework.

At the time of this publication, FSBPT has identified at least seven foreign PTA programs, located primarily in Canada and Europe.

OVERVIEW

Summary

The applicant must meet the requirement of not less than sixty-four semester credit hours; 15 in foundational studies and 49 in applied science and technical education. The minimum coursework requirements, in and of themselves, do not necessarily satisfy the requirements of the entry-level physical therapist assistant degree. The applicant must have completed sufficient credits to satisfy the requirement for at least two years of post-secondary education. The applicant must also meet any jurisdiction-specific requirements.

Foundational Studies

Fifteen semester credits is the minimum number required in foundational studies. Foundational studies include the areas of English composition, physical/natural & biological science, social/ behavioral science, and mathematics/logic. A minimum of a one-semester course must be successfully completed in each area of foundational studies unless otherwise noted. The physical/natural/biological science content may be imbedded in the technical coursework.

Some jurisdictions may require more than 15 semester credits. The applicant must meet the specific requirements in the jurisdiction where they are seeking licensure.

1. Humanities

- | | |
|--|---------------|
| a. English | e. Literature |
| b. English composition* | f. Art |
| c. Speech or oral communication | g. Music |
| d. Foreign language (other than native language) | |

*required

2. Physical/Natural/Biological Sciences

- | | |
|---------------|-----------------|
| a. Chemistry | f. Physics |
| b. Biology | g. Kinesiology |
| c. Anatomy | h. Neuroscience |
| d. Physiology | i. Genetics |
| e. Zoology | j. Astronomy |

3. Social/Behavioral Science

- | | |
|-----------------|----------------------|
| a. History | f. Economics |
| b. Geography | g. Political science |
| c. Sociology | h. Religion |
| d. Psychology | i. Philosophy |
| e. Anthropology | j. Ethics |

4. Mathematics/Logic

- | | |
|-----------------|-----------------|
| a. Statistics | d. Calculus |
| b. Algebra | e. Trigonometry |
| c. Pre-calculus | f. Geometry |

Applied Science & Technical Education

Forty-nine semester credits shall be the minimum required in applied science and technical education.

1. Basic Health Science

Coursework is required in each topic listed below.

- a. Human anatomy (specific to physical therapy)
- b. Human physiology (specific to physical therapy)
- c. Kinesiology or functional anatomy
- d. Pathology

2. Medical and Clinical Science

- a. Medical science pertinent to physical therapy. This must include but not be limited to:
 1. Neurology
 2. Orthopedics
 3. Cardiopulmonary
- b. Physical therapist assistant coursework must include but not be limited to:

<ol style="list-style-type: none">1. Integumentary System<ol style="list-style-type: none">a. Data Collection2. Musculoskeletal System<ol style="list-style-type: none">a. Data Collection	<ol style="list-style-type: none">3. Neuromuscular System<ol style="list-style-type: none">a. Data Collection4. Cardiopulmonary System<ol style="list-style-type: none">a. Data Collection
---	---
- c. Physical therapist assistant coursework must include but is not limited to:
 1. Integumentary Interventions
 2. Musculoskeletal Interventions
 3. Neuromuscular Interventions
 4. Cardiopulmonary Interventions
 5. Physical Agents/Electrotherapy
 6. First Aid/Emergency Care

3. Clinical Education

The clinical education component includes organized and sequential experiences coordinated with the didactic component of the curriculum, which may include integrated and full-time experiences. The applicant must have full-time clinical experiences with a minimum of two clinical areas of work, for no less than 520 hours total, which are supervised by a clinical supervisor who is a physical therapist or physical therapist assistant. The maximum number of full-time clinical education credits is 15.

4. Related Technical Coursework

Content is required in the following seven areas:

- a. Role of the PTA
- b. Professional Ethics, Behaviors & Issues
- c. Administration
- d. Educational Techniques
- e. Communication (related to client/patient care)
- f. Medical Legal Issues and Healthcare Delivery
- g. Psychosocial Aspects in Physical Therapy Work

PTA EVALUATION CHECKLIST

Foundational Studies

Fifteen semester credits are required in this area.

A. HUMANITIES: One course minimum.	Credit	Transcript Reference	Comments
1. English			
2. English Composition*			
3. Speech or Oral Communication			
4. Foreign Language (other than native language)			
5. Literature			
6. Art			
7. Music			

* Required

B. NATURAL SCIENCE: Physical Sciences & Biological Sciences This content area may be imbedded in Applied Sciences.	Credit	Transcript Reference	Comments
1. Physics			
2. Biology			
3. Anatomy			
4. Physiology			

C. SOCIAL /BEHAVIORAL SCIENCE: At least one course - from any area.	Credit	Transcript Reference	Comments
A. History			
B. Sociology			
C. Economics			
D. Religion			
E. Political Science			
F. Psychology			
G. Philosophy			
H. Ethics			

D. MATHEMATICS/LOGIC: At least one course - from any area.	Credit	Transcript Reference	Comments
1. Statistics			
2. Algebra			
3. Pre-Calculus			
4. Calculus			
5. Trigonometry			
6. Geometry			
7. General Mathematics			

SUB-TOTAL FOUNDATIONAL STUDIES CREDITS: _____ (15 minimum)

Applied Sciences & Technical Education

Forty-nine semester credits are required in this area.

A. BASIC HEALTH SCIENCE: Coursework is required in each area (1-4).	Credit	Transcript Reference	Comments
1. Human Anatomy			
2. Human Physiology			
3. Kinesiology or Functional Anatomy			
4. Pathology			

B. MEDICAL SCIENCE: General Medical Knowledge Coursework must include but is not limited to 1-3.	Credit	Transcript Reference	Comments
1. Neurology			
2. Orthopedics			
3. Cardiopulmonary			

C. CLINICAL SCIENCE: Data Collection PTA coursework must include but is not limited to areas 1-4.	Credit	Transcript Reference	Comments
1. Integumentary System Data Collection			
2. Musculoskeletal System Data Collection			

3. Neuromuscular System Data Collection			
4. Cardiopulmonary System Data Collection			

Data Collection Skills Content Area Summary

Within the credit hours assigned above, indicate content area which you found evidence for items 1 – 14.

Data collection skills content areas include but are not limited to the following:	Present = √ Absent = Ø	Transcript Reference
1. Aerobic capacity		
2. Anthropometric characteristics		
3. Arousal, mentation, and cognition		
4. Assistive and adaptive devices		
5. Gait, assisted locomotion, and balance		
6. Integumentary integrity		
7. Joint integrity and mobility		
8. Muscle performance (including strength, power, and endurance)		
9. Neuromotor development		
10. Pain		
11. Posture		
12. Range of motion		
13. Self-care and home management (including activities of daily living and instrumental activities of daily living)		
14. Ventilation, respiration, and circulation		

Adapted from the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*, Commission on Accreditation in Physical Therapy Education; 2007; Appendix A1-31.

D. CLINICAL SCIENCE: INTERVENTIONS PTA coursework must include but is not limited to areas 1 – 6.	Credit	Transcript Reference	Comments
1. Integumentary Interventions			
2. Musculoskeletal Interventions			
3. Neuromuscular Interventions			
4. Cardiopulmonary Interventions			
5. Physical Agents/Electro			
6. First Aid/ Emergency Care			

Intervention Content Area Summary

Within the credit hours assigned above, indicate the content area for which you found evidence for items 1-5.

Intervention content areas include, but are not limited to, the following:	Present = √ Absent = Ø	Transcript Reference
1. Wound Management		
A. Application and removal of dressing agents		
B. Identification of precautions for dressing removal		
2. Functional Training		
A. Activities of Daily Living		
B. Assistive /Adaptive Devices		
C. Body Mechanics		
D. Developmental Activities		
E. Gait and Locomotion Training		
F. Prosthetics and Orthotics		
G. Wheelchair Management Skills		
H. Infection Control Procedures		
I. Isolation Techniques		
J. Sterile Technique		
3. Patient-related instruction		
4. Physical agents and mechanical modalities		
A. Athermal Agents		
B. Biofeedback		
C. Compression Therapies		
D. Cryotherapy		
E. Electrotherapeutic Agents		
F. Hydrotherapy		
G. Superficial and Deep Thermal Agents		
H. Traction		
5. Therapeutic exercise (including aerobic conditioning)		
A. Aerobic Exercise		
B. Balance and Coordination Training		
C. Breathing Exercises and Coughing Techniques		
D. Conditioning and reconditioning		
E. Posture Awareness training		
F. Range of Motion Exercises		
G. Stretching Exercises		
H. Strengthening Exercises		

Adapted from the *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants*.

Commission on Accreditation in Physical Therapy Education; 2007; Appendix A1 30 - 31.

E. CLINICAL EDUCATION	HOURS*	Transcript reference	Comments
Two clinical internships. Total clinic hours = 520 hours			

Note: The clinical education component includes organized and sequential experiences coordinated with the didactic component of the curriculum, which may include integrated and full time experiences. The applicant must have full-time clinical experiences with a minimum of two clinical areas of work, which are supervised by a clinical supervisor who is a physical therapist or physical therapist assistant.

*Maximum number of full time clinical education credits is 15. Forty-eight clock hours equal one semester credit.

F. RELATED TECHNICAL COURSEWORK: Coursework is required in areas 1-7.	Credit	Transcript Reference	Comments
1. Role of the PTA			
2. Professional Ethics, Behaviors & Issues			
3. Administration			
4. Educational Techniques			
5. Communication (related to client/patient care)			
6. Medical Legal Issues and Healthcare Delivery			
7. Psychosocial Aspects in Physical Therapy Work			

SUB-TOTAL TECHNICAL EDUCATION CREDITS: _____ (49 minimum)

ACADEMIC INSTITUTION

Describe the academic level of the educational program and the institution within the context of the country's educational system:
1. Status (recognition/accreditation) within the country's educational system:
2. Entry requirements (minimum of secondary education):
3. Degree equivalence (Associate of Science, etc.):
4. Other (CAPTE accreditation, etc.):

Summary

	Number of Credits
Total Foundational Studies Credits (15 minimum):	
Total Technical Education Credits (49 minimum):	
Total Credits (64 minimum):	

64 credits = Two years of study

DEFINITIONS

Adequate: Coursework satisfies the requirement that the level of complexity and scope of the content in a course or courses meets established standards necessary for the entry-level associate's degree.

Clinical Education: That portion of a physical therapy program that is conducted in the health care environment rather than the academic environment. (*A Normative Model of Physical Therapist Assistant Education: Version 2007, p 12*)

Clinical Sciences: Content includes both diseases that require direct intervention of a physical therapist for management and diseases that affect conditions being managed by physical therapists across systems. (*A Normative Model of Physical Therapist Assistant Education: Version 2007; p. 159*)

Clock Hour: Fifty to sixty minutes or as determined by the policy of the institution.

Comments: Validation of transcript references. Identifies specific references within official institutional records where content area(s) may be found. These references may be in the form of educational objectives, listing of course content, course syllabi, test questions, or other curricular documents.

Content Area: Component competencies as designated by the *Evaluative Criteria for Accreditation of Educational Programs for the Preparation of Physical Therapist Assistants* (Adopted April 2006, effective July 1, 2007).

Course: A series of study which is taught at the post-secondary level and results in an official transcript of record with assigned grade, a course description and syllabus, and credit can be verified by the institution. Credit is either assigned by a semester of 15 weeks plus exam week or is converted to semester hours based on 16 weeks of study.

Credit Hour: A semester credit hour must include at a minimum: 15 hours of lecture, or 30 hours of laboratory, or 48 hours of clinical education.

Data-collection skills: Those processes/procedures used throughout the intervention to gather information about the patient's/client's progress through observation; measurement; subjective, objective, and functional findings. (*A Normative Model of Physical Therapist Assistant Education: Version 2007; p. 130*)

Foundational Sciences: Essential content that contributes to the development and understanding of physical therapy to include sciences that can be described as *basic* and *applied*. (*A Normative Model of Physical Therapist Assistant Education: Version 2007, Page 132*)

General Education: General Education constitutes all non-physical therapy education completed, provided these courses were taken at the college level from a recognized educational program. These courses, both pre-professional and post-professional education, may be used to fulfill the 30 credit requirements after the core courses have been met. General education may be included in Foundational Studies.

Grades: Grades must equate to a "C" average in the United States. No failing grades should be accepted. Credentialing decisions for conversion of grades or semester credits should follow accepted guidelines as published in acceptable and recognized country codes and "International Reference Guides." This includes but is not limited to, P.I.E.R., NAFSA publications or AACROA publications.

Intervention: The purposeful and skilled interaction of the physical therapist or physical therapist assistant with the patient/client, and, when appropriate, with other individuals involved in the patient/client care, using various physical therapy procedures and techniques to produce changes in the patient's/client's condition. (*A Normative Model of Physical Therapist Assistant Education: Version 2007 p. 133*)

Standards: Foundational requirements of an established profession to determine entry-level professional/ technical requirements for physical therapists and physical therapist assistants. In physical therapy, *The Guide to Physical Therapist Practice Second Edition, A Normative Model of Physical Therapist Assistant Education: Version 2007*, and *Evaluative Criteria for Accreditation of Education Programs for the Preparation of Physical Therapist Assistants* serve as resources for setting these requirements.

Substantially Equivalent: The individual has satisfied or exceeded the minimum number of credits required in foundational and technical education needed for a U.S. first degree for a physical therapist assistant. Coursework completed may not be identical in all respects to a U.S. first degree for a physical therapist assistant, but all required content areas are evident. Deficiencies may be noted in coursework, but may not be in the essential areas of technical education or of such magnitude that the education is not deemed to be at the entry-level of preparation for work in the United States.

Technical Skills: Psychomotor processes/procedures supported by affective and cognitive processes/procedures that constitute patient/client interventions. The skills must be integrated to achieve the most effective interventions and optimal outcomes. (*A Normative Model of Physical Therapist Assistant Education: Version 2007, p. 135*)

Transcript Reference: Official documentation from the academic institution of courses completed, grades assigned, and degree conferred in the form of an official transcript. In the exceptional cases where an official transcript does not exist within the institution, an alternative official document may be considered.

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Appendix D: CAPTE Standards of Evidence for PT and PTA

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

Standard 1

The program meets graduate achievement measures and program outcomes related to its mission and goals.

REQUIRED ELEMENTS:

- 1A** The mission¹ of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation² of physical therapists.

Evidence of Compliance:

Narrative:

- Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
- Describe the congruency of the program's mission statement with the institution and unit(s) missions.
- Describe the consistency of the program's mission with contemporary professional expectations for the preparation of physical therapists.

- 1B** The program has documented goals³ that are based on its mission, that reflect contemporary physical therapy education, research and practice, and that lead to expected program outcomes.

Evidence of Compliance:

Narrative:

- Provide the goals, including those related to:
 - Students and graduates (e.g., competent practitioners, leaders in the profession);
 - Faculty (e.g., adding to the body of knowledge in physical therapy, achieving tenure and/or promotion, involvement in professional associations, improving academic credentials); and/or
 - The program (e.g., contributing to the community, development of alternative curriculum delivery models).
- Describe how the goals reflect the program's stated mission.

- 1C** The program meets required student achievement measures⁴ and its mission and goals as demonstrated by actual program outcomes.

- 1C1** Graduation rates⁵ are at least 80% averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 80%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.

Evidence of Compliance:

Portal Fields:

- Provide graduation data for the most recent two years for which there is full data in the section entitled Graduation Rate Data for the years identified on the Portal. Use the Graduation Rate Table (forms packet) to collect the graduation data. Identify the number of cohorts admitted each year; data will be required for each cohort.

Narrative:

- Identify the 2-year graduation rate calculated by the data entered into the Graduation Rate Data Section on the Portal.
- If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.

¹ **Mission:** A statement that describes why the physical therapist education program exists, including a description of any unique features of the program. [The mission is distinct from the program's goals, which indicate how the mission is to be achieved.]

² **Contemporary preparation:** Reflects the minimum skills required for entry-level preparation of the physical therapist and the needs of the workforce as documented by the program. Contemporary preparation requires preparation for evidence based practice.

³ **Goals:** The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In physical therapist education programs, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc.

⁴ **Graduate and Student Achievement Measures:** The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate).

⁵ **Graduation Rate:** The percentage of students who are matriculated in the first course in the professional program after the drop/add period and who complete the program.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data. Provide the Retention Rate Table (forms packet) as an appendix.

1C2 Ultimate licensure pass rates⁶ are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.

Evidence of Compliance:

Narrative:

- Provide the most current licensure pass rate data available through the Federation of State Board of Physical Therapy (FSBPT); provide the data per cohort if more than one cohort is accepted in an academic year; provide:
 - First time pass rates for each cohort for the past two academic years.
 - Two-year ultimate pass rate based on the following data for each cohort:
 - Number of graduates per cohort who took the examination at least once;
 - Number of graduates per cohort who passed the exam after all attempts;
- ** NOTE: if licensure pass rates for graduates in the last academic year have not yet stabilized provide the data for the past three years and the two-year rate for the cohorts for which the data has stabilized.
- If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
- If program graduates do not routinely take the FSBPT exam, provide equivalent data.
- **For Initial Accreditation only:** identify that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

1C3 Employment rates⁷ are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.

Evidence of Compliance:

Narrative:

- Provide the two-year employment rate for the last two academic years for each cohort based on the number of graduates who sought employment and the number of graduates employed within one year of graduation.
- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

1C4 Students demonstrate entry-level clinical performance prior to graduation.

Evidence of Compliance:

Narrative:

- Describe the mechanisms used to determine entry-level performance of students prior to graduation.
- Provide evidence that each student who completed the program within the last year demonstrated entry-level performance by the end of their last clinical experience.
- **For Initial Accreditation only:** indicate that students have not yet completed their last clinical experience and provide the expected timeframe to collect and analyze this data. Note: the program will be required to provide additional information prior to CAPTE's initial accreditation decision; please refer to Part 8 of CAPTE's Rules of Practice and Procedure, accessible at www.capteonline.org, for detailed information about what must be provided and the timing of the request.

⁶ **Licensure pass rate:** The percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE). Rates are considered to be stabilized one year after graduation.

⁷ **Employment rate:** The percentage of graduates who sought employment that were employed (full-time or part-time) as a physical therapist within 1 year following graduation.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

1C5 The program graduates meet the expected outcomes as defined by the program.

Evidence of Compliance:

Narrative:

- For each goal related to program graduates delineated in Element 1B, list the expected outcomes that support the goal.
- For each outcome, provide the expected level of achievement and describe the process the program uses to determine if the expectation has been met.
- Based on the data collected from the various stakeholders identified in Element 2C, provide a summary of the data and an analysis of the extent to which the graduates meet the program's expected graduate student outcomes.
- If the program has more than one cohort, provide an analysis for each cohort.
- **For Initial Accreditation only:** indicate that there are no graduates, provide response to first two bullets and provide the expected timeframe to collect and analyze graduate data.

1C6 The program meets expected outcomes related to its mission and goals.

Evidence of Compliance:

Narrative:

- For all other program goals delineated in Element 1B, list the expected outcomes that support the goal.
- For each outcome, provide the expected level of achievement and describe the process the program uses to determine if the expectation has been met.
- Based on the data collected from the various stakeholders identified in Element 2C, provide a summary of the data and an analysis of the extent to which the program meets its expected outcomes related to its mission and goals.
- If the program has more than one cohort, provide an analysis for each cohort.
- **For Initial Accreditation only:** provide response to first two bullets and indicate the expected timeframe to collect and analyze the program's expected outcome data.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

Standard 2:

The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.

REQUIRED ELEMENTS:

- 2A** The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.

Evidence of Compliance:

Narrative:

- Provide a description of the overall assessment process that summarizes the information in the program assessment matrix.
- Describe the overall strengths and weaknesses identified through analysis of cumulative assessment data. If other strengths and weakness have been identified, describe them and provide the source of evidence that led to that determination.
- Describe two examples of changes resulting from the assessment process within the last four years. For each example, describe the rationale for the change and describe the process, timeline and results (if available) of re-assessment to determine if the change resulted in program improvement.

- 2B** For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:

- 2B1** the admissions process, criteria and prerequisites meet the needs and expectations of the program.

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the admission process, criteria and prerequisites meet the needs and expectations of the program.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

- 2B2** program enrollment appropriately reflects available resources, program outcomes and workforce needs.

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the optimum program enrollment considering resources, program outcomes and workforce needs.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

2B3 the collective core, associated and clinical education faculty meet program and curricular needs.

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the collective core and associated faculty meet program and curricular needs.
- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the collective clinical education faculty meet program and curricular needs.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

2B4 program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.

Evidence of Compliance:

Narrative:

- Provide an analysis of the data collected and the conclusions drawn to determine the extent to which program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to: financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services (academic, counseling, health, disability, and financial aid services).
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

2B5 program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.

Evidence of Compliance:

Narrative:

- Provide an analysis of the information collected and the conclusions drawn to determine the extent to which program policies and procedures, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which practices adhere to policies and procedures.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

2C The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.

Evidence of Compliance:

Narrative:

- Describe how the curricular evaluation process considers the changing roles and responsibilities of the physical therapist practitioner and the dynamic nature of the profession and the health care delivery system.
- Provide evidence that the curricular assessment includes review of the required elements in Elements 6A through 6M.
- Identify the stakeholders from whom data is collected, the method(s) used to collect data, and the timing of the collection.
- Provide a summary of the outcome from the most recent curricular evaluation, including clinical education. Provide the identified strengths and weaknesses.
- Describe any curricular changes, including to clinical education, made within the last four years and provide the rationale for the change(s).

2D The program has implemented a strategic plan that guides its future development. The plan takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.

Evidence of Compliance:

Narrative:

- Describe the strategic planning process, including the opportunities for core faculty participation.
- Describe how the process takes into account changes in higher education, the health care environment and the nature of contemporary physical therapy practice.
- Describe any changes planned for the next 3-5 years.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

**Standard 3:
The institution and program operate with integrity.**

REQUIRED ELEMENTS:

- 3A** The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.

Evidence of Compliance:

Narrative:

- Identify the state agency from which the institution has authority to operate as an institution of higher education.
- Identify the state agency from which the institution has authority to offer the PT program and to award the degree, if different from above.
- If the institution is in a collaborative arrangement with another institution to award degrees, provide the above for the degree granting institution.
- Indicate if the institution has authorization to provide clinical education experiences in other states, where required.

- 3B** The sponsoring institution(s) is (are) accredited by a regional accrediting agency recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).

Evidence of Compliance:

Narrative:

- State the agency that accredits the institution.
- Provide the date that the current institutional accreditation status was granted.
- If the institution has an accreditation status other than full accreditation, explain the reasons for the institutional accreditation status and the impact on the program.
- If in a collaborative arrangement, provide the above for the degree-granting institution.
- For institutions in countries other than the United States that are not accredited by a US regional accreditation agency:
 - Identify the agency or agencies that provide the authorization for the institution to provide (1) post-secondary education and (2) the professional physical therapy program and indicate the dates such authorization was received. Provide contact information, including address, phone number and email address.
 - State the institution's current accreditation status or provide documentation of a regular external review of the institution that includes the quality of its operation, the adequacy of its resources to conduct programs in professional education, and its ability to continue its level of operation.
 - Provide evidence that the accrediting agency fulfills functions similar to those of US regional accrediting agencies.
 - If the institution has an accreditation or external review status other than full accreditation of approval, describe the impact, if any, of the current institutional status on the program.

- 3C** Institutional policies⁸ related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program, including providing for reduction in teaching load for administrative functions.

Evidence of Compliance:

Portal Fields:

- Provide faculty workload data for each faculty member on the individual Core Faculty Detail page.
- Provide information related to teaching responsibilities in the Course Details page for each course.

Narrative:

- Describe how the institution supports the professional judgment of the core faculty regarding academic regulations and professional behavior expectations of students.

⁸ **Policy:** A general principle by which a program is guided in its management.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- Describe how university-wide and/or unit-wide faculty roles and workload expectations are applied to the physical therapist education program so that they take into consideration:
 - Administrative responsibilities of core faculty;
 - Provide examples of functions to be considered for release time (e.g., program administration, clinical education administration, development of Self-study Report, assessment activities);
 - Requirements for scholarship, service, and maintenance of expertise in contemporary practice in assigned teaching areas;
 - Complexity of course content, number of students per class or laboratory, and teaching methodology;
 - The relationship between credit hours and contact hours for classroom and laboratory for determining workload; and
 - The unique needs of physical therapy education, similar to those of other professional education programs, where core faculty ensure the integration and coordination of the curricular content, mentor associated faculty, conduct and coordinate a clinical education program, manage admission processes, etc.

3D Policies and procedures⁹ exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.

Evidence of Compliance:

Narrative:

- Provide (quote) the institution's equal opportunity and nondiscrimination statement(s).
- Describe how the nondiscrimination statement and policy are made available to faculty, staff, prospective/enrolled students and the public.

3E Policies, procedures, and practices¹⁰ that affect the rights, responsibilities, safety, privacy, and dignity of program faculty¹¹ and staff are written, disseminated, and applied consistently and equitably.

Evidence of Compliance:

Narrative:

- Provide an example of how policies are applied equitably.

3F Policies, procedures, and practices exist for handling complaints¹² that fall outside the realm of due process¹³, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.

Evidence of Compliance:

Narrative:

- Provide the relevant institutional or program policy and procedure that addresses handling complaints that fall outside due process (e.g., complaints from prospective and enrolled students, clinical education sites, employers of graduates, the general public).
- Describe how the records of complaints are, or would be, maintained by the program.

⁹ **Procedure:** A description of the methods, activities, or processes used to implement a policy.

¹⁰ **Practices:** Common actions or activities; customary ways of operation or behavior.

¹¹ **Program faculty:** All faculty involved with the PT program, including the Program Director, Clinical Education Coordinator, Core Faculty, Associated Faculty, and Clinical Education Faculty.

¹² **Complaint:** A concern about the program, expressed by students or others with a legitimate relationship to the program, the subject of which is not among those that are addressed through the institution's formal due processes.

¹³ **Due process:** Timely, fair, impartial procedures at the program or institutional level for the adjudication of a variety of issues including, but not limited to: (1) faculty, staff, and student violations of published standards of conduct, (2) appeals of decisions related to faculty and staff hiring, retention, merit, tenure, promotion, and dismissal, and (3) appeals of decisions related to student admission, retention, grading, progression, and dismissal. Due process generally requires adequate notice and a meaningful opportunity to be heard.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

3G Program specific policies and procedures are compatible with institutional policies and with applicable law.¹⁴

Evidence of Compliance:

Narrative:

- List the program-specific policies and procedures that differ from those of the institution (e.g., admissions procedures, grading policies, policies for progression through the program, policies related to clinical education) and describe how the policies and procedures differ and why.
- For program policies and procedures that differ from those of the institution:
 - If applicable, explain how the program determines that program policies and procedures comply with applicable law.
 - Describe how institutional approval is obtained for program policies and procedures that differ from those of the institution.

3H Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:

- 3H1** maintenance of accurate information, easily accessible¹⁵ to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;
- 3H2** timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;
- 3H3** following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;
- 3H4** timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and
- 3H5** coming into compliance with accreditation criteria within two years of being determined to be out of compliance.¹⁶

Evidence of Compliance:

Narrative:

- Identify who is responsible for maintaining compliance with accreditation policies and procedures.
- Provide recent examples that demonstrate adherence to established policies and procedure.

¹⁴ **Applicable law:** Those federal and state statutes/regulations relevant to physical therapy education (ADA, OSHA, FERPA, HIPAA, Practice Acts, etc.)

¹⁵ **Easily accessible:** Can be accessed by the public without disclosure of identity or contact information and is no more than one “click” away from the program’s home webpage.

¹⁶ This is a USDE requirement.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

Standard 4:

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

REQUIRED ELEMENTS:

Individual Academic Faculty¹⁷

4A Each core faculty¹⁸ member, including the program director and clinical education coordinator, has doctoral preparation¹⁹, contemporary expertise²⁰ in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT content are licensed or regulated as a PT or PTA in the jurisdiction where the program exists. (PROVISO: CAPTE will begin enforcing the requirement for doctoral preparation of all core faculty effective January 1, 2020, except for individuals who are enrolled in an academic doctoral degree²¹ program on that date, in which case the effective date will be extended to December 31, 2025; this will be monitored in the Annual Accreditation Report.)

Evidence of Compliance:

Narrative:

- The only response needed in the 4A text box is to refer the reader to the Core Faculty Detail Section for each core faculty member.

Portal Fields: on the Core Faculty Information Page:

- In completing the Qualifications box on this Portal page:
 - Describe the individual's effectiveness in teaching and student evaluation;
 - For core faculty who are PTs/PTAs and are teaching clinical PT content, identify if they are licensed in the jurisdiction where the program exists. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
 - Identify teaching assignments by prefix, number and title and indicate content assigned and role in course; and
 - Provide evidence of the individual's contemporary expertise specific to assigned teaching content. This evidence can include:
 - Education (including post-professional academic work, residency, and continuing education);
 - Clinical expertise (specifically related to teaching areas; e.g.: certification as a clinical specialist, residency);
 - Consultation and service related to teaching areas;
 - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences); and
 - Other evidence that demonstrates contemporary expertise, for example
 - Scholarship (publications and presentations related to teaching areas);
 - Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
 - Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study); and

¹⁷ **Academic faculty:** Those faculty members who participate in the delivery of the didactic (classroom and laboratory) portion of the curriculum. The academic faculty is comprised of the core faculty and the associated faculty.

¹⁸ **Core faculty:** Those individuals appointed to and employed primarily in the program, including the program director, the director of clinical education (DCE) and other faculty who report to the program director. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. The core faculty include physical therapists and may include others with expertise to meet specific curricular needs. The core faculty may hold tenured, tenure track, or non-tenure track positions. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty.

¹⁹ **Doctoral preparation:** Earned doctorate, including the DPT.

²⁰ **Contemporary expertise:** Expertise beyond that obtained in an entry-level physical therapy program that represents knowledge and skills reflective of current practice. Longevity in teaching or previous experience teaching a particular course or content area does not by itself necessarily constitute expertise.

²¹ **Academic doctoral degree:** A PhD or other doctoral degree that requires advanced work beyond the master's level, including the preparation and defense of a dissertation based on original research, or the planning and execution of an original project demonstrating substantial scholarly achievement. Definition adapted from IPED definition found at <http://nces.ed.gov/ipeds/glossary/?charindex=D>; last accessed 1/12/15.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- Formal mentoring (include description of experiences, time frame and qualifications of mentor).

4B Each core faculty member has a well-defined, ongoing scholarly agenda²² that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.

Evidence of Compliance:

Narrative:

- Briefly describe how the core faculty scholarly agendas fit within the context of the program's or institution's mission and expected outcomes.

4C Each core faculty member has a record of institutional or professional service²³.

Evidence of Compliance:

Narrative:

- Describe the program's and/or the institution's expectations related to service accomplishments for core faculty.
- Briefly summarize core faculty members' service activities.

4D Each associated²⁴ faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.

Evidence of Compliance:

Narrative:

- For each associated faculty who is responsible for less than 50% of a course, provide the following information: name and credentials, content taught, applicable course number(s) and title(s), total contact hours, and source(s) of contemporary expertise specifically related to assigned responsibilities.
- For associated faculty who are responsible for 50% or more of the course, the only response needed in the 4D text box is to refer the reader to the Associated Faculty Detail Section for each associated faculty member.

Portal Fields: on the Associated Faculty Information Page:

- In completing the Qualifications box on this Portal page:
 - Describe the individual's effectiveness in teaching and student evaluation;
 - Identify teaching assignments by prefix, number and title and indicate content assigned and role in course; and
 - Provide evidence of the individual's contemporary expertise specific to assigned teaching content. This evidence can include:
 - Education (including post-professional academic work, residency, and continuing education);
 - Licensure, if required by the state in which the program is located;
 - Clinical expertise (specifically related to teaching areas; e.g.: certification as a clinical specialist, residency);
 - Consultation and service related to teaching areas;
 - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences); and
 - Other evidence that demonstrates contemporary expertise, for example:
 - Scholarship (publications and presentations related to teaching areas);

²² **Scholarly agenda:** A long-term plan for building lines of inquiry that will result in original contributions to the profession. It should include the principal topics of scholarly inquiry, specific goals that identify the types of scholarship, scholarly activities, and anticipated accomplishments with a timeline. The agenda may also include plans for relevant mentorship and collaboration with colleagues.

²³ **Service:** Activities in which faculty may be expected to engage including, but not limited to, institution/program governance and committee work, clinical practice, consultation, involvement in professional organizations, and involvement in community organizations.

²⁴ **Associated Faculty:** Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the professional program resides or in other units of the institution, but who have primary responsibilities in programs other than the professional program.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
- Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study); and
- Formal mentoring (include description of experiences, time frame and qualifications of mentor).

4E Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.

Evidence of Compliance:

Narrative:

- Describe the faculty evaluation process, including how it addresses teaching, service, scholarship and any additional responsibilities.
- Provide a recent (within past five years) example for each core faculty of faculty development activities that have been based on needs of the faculty and for program improvement.

4F Regular evaluation of associated faculty occurs and results in a plan to address identified needs.

Evidence of Compliance:

Narrative:

- Describe the process used to determine the associated faculty development needs, individually and, when appropriate, collectively.
- Describe and provide examples of development activities used by the program to address identified needs of associated faculty.

Program Director²⁵

4G The program director demonstrates the academic and professional qualifications and relevant experience in higher education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following:

- is a physical therapist who holds a current license to practice in the jurisdiction where the program is located;
- has an earned academic doctoral degree (program directors who have been determined by CAPTE as of January 1, 2016 to meet the 2006 Evaluative Criteria expectations without an academic doctoral degree may seek an exemption from this expectation);
- holds the rank of associate professor, professor, clinical associate professor, or clinical professor;
- has a minimum of six years of full time²⁶ higher education experience, with a minimum of three years of full-time experience in a physical therapist education program.

Evidence of Compliance:

Narrative:

- Describe how the program director meets the following qualifications:
 - is a physical therapist;
 - holds a current license to practice in the jurisdiction where the program is located. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
 - has an earned academic doctoral degree;
 - has the rank of associate professor, professor, clinical associate professor, or clinical professor; and
 - has a minimum of six years of full time higher education experience, with a minimum of three years of full-time experience in a physical therapist education program.

²⁵ **Program director:** The individual employed full-time by the institution, as a member of the core faculty, to serve as the professional physical therapist education program's academic administrator: Dean, Chair, Director, Coordinator, etc.

²⁶ **Full time:** 35 hours/week

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- If the program director does not have an earned academic doctoral degree, but has been determined by CAPTE to meet the 2006 Evaluative Criteria, and the program wishes to seek an exemption, provide a rationale for the equivalency of the program director's qualifications to meet the intent of this expectation.

4H The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.

Evidence of Compliance:

Narrative:

- Describe the effectiveness of the mechanisms used by the program director to communicate with program faculty and other individuals and departments (admissions, library, etc.) involved with the program.
- Describe the responsibility, authority and effectiveness of the program director for assessment and planning.
- Describe the responsibility, authority and effectiveness of the program director in fiscal planning and allocation of resources, including long-term planning and the ability to shift financial resources to meet program needs.
- Describe the responsibility, authority and effectiveness of the program director for faculty evaluation.
- Describe the process used to assess the program director as an effective leader.
- Provide evidence of effective leadership which might relate to:
 - A vision for physical therapist professional education;
 - Understanding of and experience with curriculum content, design, and evaluation;
 - Employing strategies to promote and support professional development;
 - Proven effective interpersonal and conflict management skills;
 - Abilities to facilitate change;
 - Negotiation skills (relative to planning, budgeting, funding, program faculty status, program status, employment and termination, space, and appropriate academic and professional benefits);
 - Effective experience in strategic planning;
 - Active service on behalf of physical therapist professional education, higher education, the larger community, and organizations related to their academic interest;
 - Effective management of human and fiscal resources;
 - Commitment to lifelong learning;
 - Active role in institutional governance; and
 - Program accomplishments.

Clinical Education Coordinator²⁷

4I The clinical education coordinator is a physical therapist who holds a current license to practice in the jurisdiction where the program is located and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical experience must include experience as a CCCE or CI in physical therapy, or minimum of two years of experience in teaching, curriculum development and administration in a physical therapy education program.

Evidence of Compliance:

Narrative:

- Identify the core faculty member(s) who is/are designated as the clinical education coordinator.
- If more than one core faculty member is assigned as a clinical education coordinator, describe the role and responsibilities of each.
- Describe how the clinical education coordinator meets the following qualifications:
 - Is a physical therapist;
 - Current license to practice in the jurisdiction where the program is located, if allowed by state law. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
 - A minimum of three years of full time (or equivalent) post-licensure clinical practice; and
 - A minimum of two years of clinical practice as a CCCE and/or CI or two years of experience in teaching, curriculum development and administration in a PT program.

²⁷ **Clinical Education Coordinator:** The core faculty member(s) responsible for the planning, coordination, facilitation, administration, and monitoring of the clinical education component of the curriculum. The clinical education coordinator(s) is/are the faculty member(s) of record for the clinical education courses. NOTE: the term is intentionally generic; programs are free to use any appropriate title.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- 4J** The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.

Evidence of Compliance:

Narrative:

- Describe the process to assess the effectiveness of the clinical education coordinator(s).
- Describe the effectiveness of the clinical education coordinator(s) in planning, developing, coordinating, and facilitating the clinical education program, including effectiveness in:
 - Organizational, interpersonal, problem-solving and counseling skills; and
 - Ability to work with clinical education faculty (CCCEs and CIs) to address the diverse needs of the students.
- Describe the mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty (CCCEs and CIs), and students.
 - Describe how the clinical education faculty are informed of their responsibilities.
- Describe the timing of communications related to clinical education to the core faculty, clinical education sites, clinical education faculty (CCCEs and CIs), and students.
- Describe the process used to monitor that the academic regulations are upheld.
- Describe the methods used to assign students to clinical education experiences.
- Describe how the program works to ensure that the supervision and feedback provided to students is appropriate for each student in each clinical education experience, assuming that the student is progressing through the program in the expected manner.
- Describe how the need for an altered level of clinical supervision and feedback is determined, communicated to the clinical education faculty, and monitored during the experience.

Collective Academic Faculty

- 4K** The collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with academic doctoral degrees) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission and institutional expectations and assigned program responsibilities.

Evidence of Compliance:

Narrative:

- Describe the institutional expectations for doctoral preparation of faculty.
- Indicate the percentage of core faculty who hold an academic doctoral degree. If less than 50% of the core faculty hold an academic doctoral degree, provide the plan and timeline to meet this expectation.
- Describe the blend of clinical specialization of the core and associated faculty in the program.
- Describe the effectiveness of the blend to meet program goals and expected outcomes as related to program mission and institutional expectations and to meet assigned program responsibilities.

- 4L** The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.

Evidence of Compliance:

Narrative:

- Describe the process by which academic regulations specific to the program are developed, adopted and evaluated by the core faculty.
- Describe the process used to verify that the academic regulations are upheld.
- Describe the process that would be used to address violations of academic regulations. Provide examples, if available.

- 4M** The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.

Evidence of Compliance:

Narrative:

- Describe the responsibility of the core faculty for the development, review, and revision of the curriculum plan.
- Provide examples of community of interest involvement in curriculum development, review and revision.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- 4N** The collective core faculty are responsible for determining that students are safe and ready to progress to clinical education.

Evidence of Compliance:

Narrative:

- Describe how the core faculty determine in which skills students are expected to be competent and safe.
- Describe the processes used by the core faculty to determine students are competent and safe in the skills identified by the core faculty and that the students are ready to engage in clinical education.
- Describe how the program ensures that critical safety elements are identified in the competency testing process.
- Describe how grading procedures for the competency testing process ensure students are not placed in the clinical setting without being determined to be competent and safe.
- Describe the criteria upon which the determination is made that each student is ready to engage in clinical education.
- Describe the mechanisms used to communicate to students and clinical education faculty the specific skills in which students must be competent and safe.

Clinical Education Faculty²⁸

- 4O** Clinical instructors are licensed physical therapists, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.

Evidence of Compliance:

Narrative:

- Describe how the program determines that clinical instructors are meeting the expectations of this criteria, including but not limited to:
 - the program's expectations for the clinical competence of the CIs;
 - the program's expectations for clinical teaching effectiveness of the CIs;
 - how the clinical education sites are informed of these expectations; and
 - how these expectations are monitored.
- Summarize the qualifications of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year (e.g., years of experience, specialist certification, or other characteristics expected by the program).
- Describe the program's expectations for clinical teaching effectiveness of the CIs.
- If not using the Web CPI, identify how CIs are trained in completing the tool to assess student performance.
- Describe how the program determines that the tool used for the evaluation of student performance in the clinical setting has been completed correctly.
- Summarize the teaching effectiveness, including the ability to assess and document student performance, of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year.

²⁸**Clinical education faculty:** The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist students must be a physical therapist; however, this does not preclude a physical therapist student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the secondary supervision of other professionals, where permitted by law.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

Standard 5

The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population.

REQUIRED ELEMENTS:

5A Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity²⁹ of the student body.

Evidence of Compliance:

Narrative:

- Provide the planned class size and the rationale for it.
- Describe procedures for recruitment of students.
- Describe the admissions criteria for the program, including any special considerations used by the program.
- Describe the admission procedures.
- Describe procedures to maintain planned class. Identify related policies to prevent over enrollment.
- Describe how the program ensures that the admission procedures are applied equitably, including how prospective students' rights are protected.
- Describe the program process for determining the acceptance of credit in transfer from other institutions.
- Describe the efforts of the program to recruit a diverse student population.

5B Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Evidence of Compliance:

Narrative:

- Describe how the following information is provided to prospective and enrolled students:
 - Catalogs;
 - Recruitment and admissions information, including admissions criteria, transfer of credit policies and any special considerations used in the process;
 - Academic calendars;
 - Grading policies;
 - Technical standards or essential functions, if used;
 - Acceptance and matriculation rates;
 - Student outcomes including, but limited to, the most current two year data available for graduation rates, employment rates, pass rates on licensing examinations;
 - Costs of the program (including tuition, fees, and refund policies);
 - Financial aid; and
 - Enrollment agreement, if used.
- Describe how the following information is communicated to enrolled students including:
 - Process for filing complaint with CAPTE;
 - Job/career opportunities;
 - Availability of student services;
 - Health and professional liability insurance requirements;
 - Information about the curriculum;
 - Information about the clinical education program, including travel expectations to clinical sites;
 - Required health information;

²⁹**Diversity:** Includes group/social differences (e.g., race, ethnicity, socioeconomic status, gender, sexual orientation, country of origin, as well as cultural, political, religious, or other affiliations) and individual differences (e.g., age, mental/physical ability, personality, learning styles, and life experiences).

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- Potential for other clinical education requirements, such as drug testing and criminal background checks; and
- Access to and responsibility for the cost of emergency services in off-campus educational experiences.

5C Enrollment agreements³⁰, if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.

Evidence of Compliance:

Narrative:

- Identify whether enrollment agreements are used.
- If used, provide evidence that the agreements are consistent across enrollees for a given cohort.
- If used:
 - Describe the institutional accrediting agency and state requirements for using enrollment agreements and explain how the current agreement complies with these requirements;
 - Indicate when in the enrollment process the student is required to sign the agreement; and
 - Provide evidence that, prior to having to sign the enrollment agreement, prospective students are provided with:
 - Catalogs;
 - Recruitment and admissions information, including transfer of credit policies and any special considerations used in the process;
 - Academic calendars;
 - Grading policies;
 - Accreditation status of the institution and the program, including contact information for CAPTE;
 - Technical standards or essential functions, if available;
 - Acceptance and matriculation rates;
 - Student outcomes, including graduation rates, employment rates, pass rates on licensing examinations, and other outcome measures;
 - Costs of the program (including tuition, fees, and refund policies);
 - Any additional fees associated with verification of identity for distance education purposes;
 - Financial aid; and
 - Enrollment agreement.

5D Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.

Evidence of Compliance:

Narrative:

- Describe how policies and procedures that affect students are disseminated to students and program faculty.
- Provide examples of situations that illustrate the equitable application of policies that relate to the rights of students.

5E Policies, procedures, and practices related to student retention³¹ and student progression³² through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.

Evidence of Compliance:

Narrative:

- Describe the mechanism by which students receive regular reports of academic performance and progress.
- Describe the mechanism by which students receive regular reports of their clinical performance and progress, including the minimal expectations of the program for frequency of these reports.
- Describe the resources available to support student retention and progression of students through the program.
- Describe remediation activities, if provided, when knowledge, behavior or skill deficits, or unsafe practices are identified.
- Describe how retention practices support a diverse student body.

³⁰ **Enrollment agreements:** Formal contracts between the institution, program, and student which articulate basic legal tenets, assumptions, and responsibilities for all parties identified in a transactional relationship.

³¹ **Retention:** Maintenance of enrollment across multiple terms.

³² **Progression:** Ability of students to enroll in subsequent courses based on defined expectations.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

**Standard 6:
The program has a comprehensive curriculum plan.**

REQUIRED ELEMENTS:

- 6A** The comprehensive curriculum plan³³ is based on: (1) information about the contemporary practice³⁴ of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.

Evidence of Compliance:

Narrative:

- Describe how the curriculum plan is based on information about the contemporary practice of physical therapy; standards of practice; and current literature, documents, publications, and other resources related to the profession, to physical therapy professional education, and to educational theory.

- 6B** The curriculum plan includes an expectation that students enter the professional program with a baccalaureate degree. Alternatively, students may have three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution.

Evidence of Compliance:

Narrative:

- If the program requires a baccalaureate degree prior to admission, a statement to that effect is the only response required.
- If the program does not require a baccalaureate degree prior to admission, provide evidence that students enter the program with a balance of course work, including upper division courses in at least one content area that is the equivalent of a minor at the institution.

- 6C** The specific prerequisite course work is determined by the program's curriculum plan.

Evidence of Compliance:

Narrative:

- Identify the prerequisite course work and describe the rationale for inclusion of each specific prerequisite course, including the knowledge and skills that students are expected to possess upon entrance into the professional program.
- Analyze the adequacy of the prerequisite course work to prepare students to be successful in the professional program.

- 6D** The curriculum plan includes a description of the curriculum model³⁵ and the educational principles on which it is built.

Evidence of Compliance:

Narrative:

- Describe the curriculum model and the educational principles of the curriculum.
- Provide examples of how the educational principles translate into learning experiences.

³³ **Curriculum plan:** A plan for the education of learners that includes objectives, content, learning experiences and evaluation methods—all of which are grounded in the mission and expected student outcomes of the program and are based on consideration of educational theory and principles, the nature of contemporary practice, and the learners' previous experiences. The curriculum plan is part of the overall program plan, the latter of which may include goals related to areas such as program growth, finances, faculty development, faculty scholarship, community involvement, etc.

³⁴ **Contemporary practice:** Delivery of physical therapy services as documented in current literature, including the *Guide to Physical Therapist Practice*, the *Standards of Practice*, and the *Code of Ethics*.

³⁵ **Curriculum model:** A general description of the organization of the professional curriculum content.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- 6E** The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems³⁶, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated³⁷ and full-time³⁸ terminal experiences.

Evidence of Compliance:

Narrative:

- Describe how the courses are organized, sequenced, and integrated, including clinical education.
- Provide the rationale for the model used to integrate the didactic and clinical education portions of the curriculum; include a description of the course work that prepares students for each clinical education experience.
- Provide examples of sequential and integrated learning experiences that prepare students to provide care to individuals with orthopedic, neurological, and cardiopulmonary conditions and to geriatric and pediatric populations.
- Describe how the organization, sequencing, and integration of courses facilitate student achievement of the expected outcomes.

- 6F** The didactic and clinical curriculum includes interprofessional education³⁹; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork. NOTE: this criterion will become effective January 1, 2018.

Narrative:

- Describe learning activities that involve students, faculty and/or practitioners from other health care professions.
- Describe the effectiveness of the learning activities in preparing students and graduates for team-based collaborative care.

- 6G** The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

Evidence of Compliance:

Narrative:

- Only response needed is to refer the reader to the course syllabi that is uploaded on the Course Detail Pages.

Attachments:

- Course syllabi; uploaded on the Course Details Page for each course. Each syllabus must include at least the following:
 - title and number;
 - description;
 - department offering course;
 - credit hours;
 - instructor(s);
 - clock hours (lecture and laboratory) and schedule;
 - course prerequisites;
 - course objectives;
 - outline of content and assigned instructor;
 - description of teaching methods and learning experiences;

³⁶ **Major Systems:** Cardiovascular, pulmonary, integumentary, musculoskeletal, neuromuscular systems.

³⁷ **Integrated clinical education:** Clinical education experiences that occur before the completion of the didactic component of the curriculum. Options include but are not limited to one day a week during a term, a short full-time experience at the end of a term, a longer full-time experience between two regular terms. Integrated experiences cannot be satisfied with patient simulations or the use of real patients in class; these types of experiences are too limited and do not provide the full range of experiences a student would encounter in an actual clinical setting.

³⁸ **Full time terminal clinical education:** Extended full-time experience that occurs at the end of the professional curriculum but may be followed by a short didactic activity, such as a seminar or a short licensure preparation course that does not require additional clinical experiences.

³⁹ **Interprofessional Education:** Occurs when two or more professions learn with, from and about each other to improve collaboration and the quality of care. (WHO, 2002)

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- methods of student evaluation/grading; and
- required and recommended readings.

Note: If the program or institution requires a syllabus format that does not include all of the above, the required syllabi plus an addendum is acceptable. For the purpose of accreditation review, all of the above are required.

6H The curriculum plan includes learning objectives⁴⁰ stated in behavioral terms that reflect the breadth and depth⁴¹ of the course content and describe the level of student performance expected.

Evidence of Compliance:

Narrative:

- Describe the adequacy of the objectives, in the aggregate, to reflect the depth and breadth needed to meet expected student performance outcomes.
- Describe the extent to which course objectives, in the aggregate, are written in behavioral (measurable and observable) terms.
- Provide two examples of how expected competencies (as delineated by learning objectives) progress from introduction of core knowledge in didactic courses to demonstration of performance in the academic setting to the expected level of clinical performance.

6I The curriculum plan includes a variety of effective instructional methods⁴² selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.

Evidence of Compliance:

Narrative:

- Describe the variety of instructional methods and learning experiences used in the curriculum to facilitate students' achievement of the objectives.
- Describe the rationale for the selection of instructional methods and learning experiences used in the curriculum.

6J The curriculum plan includes a variety of effective tests and measures⁴³ and evaluation processes⁴⁴ used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.

Evidence of Compliance:

Narrative:

- Describe the variety of evaluation mechanisms, including formative and summative, used by the program to measure students' achievement of objectives. Describe the timing of student evaluation across the curriculum, in didactic, laboratory, and clinical education courses, including demonstrating that performance based competencies are assessed in the academic setting prior to clinical performance.
- Describe how the program ensures that evaluations used by the program to evaluate student performance are appropriate for the instructional content and for the expected level of student performance.
- Identify instrument(s) used to assess student performance during clinical education experiences.
- Describe how the program ensures that students have achieved the objectives stated for each clinical education experience.

⁴⁰ **Objectives:** Statements specifying desired knowledge, skills, behaviors, or attitudes to be developed as a result of educational experiences. To the extent possible, objectives are expected to be behavioral (e.g., observable and measurable) across all learning domains.

⁴¹ **Breadth and depth:** Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of physical therapy course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected as described in the objectives (e.g., the taxonomic level within the appropriate domain of learning).

⁴² **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of professional (entry-level) competence.

⁴³ **Tests and measures:** Procedures used to obtain data on student achievement of expected learning outcomes.

⁴⁴ **Evaluation processes:** Methods and activities to determine the extent to which student test data relate to overall student performance.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

6K If the curriculum plan includes courses offered by distance education⁴⁵ methods, the program provides evidence⁴⁶ that:

Evidence of Compliance:

Narrative:

- Describe the use of distance education methods in the curriculum, if any. If no distance education methods are used, state that for each Element 6K1 through Element 6K8.

6K1 faculty teaching by distance are effective in the provision of distance education;

Evidence of Compliance:

Narrative:

- Provide evidence that faculty teaching by distance are effective in the provision of distance education.

6K2 the rigor⁴⁷ of the distance education courses is equivalent to that of site-based courses;

Evidence of Compliance:

Narrative:

- Describe how the program ensures the rigor of the distance education courses.

6K3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;

Evidence of Compliance:

Narrative:

- Describe how the program ensures student performance in distance education courses meets the expectations described in course syllabi.

6K4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to determine student identity during course activities and when testing occurs at a distance.

6K5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to maintain test security and integrity when testing occurs at a distance.

6K6 there is a mechanism for maintaining student privacy as appropriate;

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to maintain student privacy during distance education courses (e.g., distribution of grades on tests and assignments).

⁴⁵ **Distance Education:** An educational activity characterized by separation of the faculty member from the student by either distance or time or both. For the purposes of these standards, the following definitions also pertain:

- Distance Education course: a course in which 50% or more of the contact hours are completed using distance education modalities and less than 50% of the contact hours include direct (face-to-face) interaction between the student and the faculty member(s).
- Distance Education program: a program in which 50% or more of the required courses (not including clinical education courses) are distance education courses.

⁴⁶ Assessment of the quality of distance education is required by USDE.

⁴⁷ **Rigor:** Expectations for student assignments, engagement in the course and performance.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

6K7 students have been informed of any additional fees related to distance education; and

Evidence of Compliance:

Narrative:

- Identify additional student fees, if any, for distance education courses.
- If there are additional student fees for distance education courses, describe how and when students are informed of the fees.

6K8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.

Evidence of Compliance:

Narrative:

- Describe how distance education students have access to academic, health, counseling, disability and financial aid services.
- Compare the academic, health, counseling, disability and financial aid services available to students taking distance education courses to those that are available for students taking on-site courses.

6L The curriculum plan includes clinical education experiences⁴⁸ for each student that encompass, but are not limited to:

6L1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;

Evidence of Compliance:

Narrative:

- Describe the program's expectations for types of patients and treatment that each student will have worked with by the end of the program.
- Describe the program's expectations for management of patients/clients across the lifespan and continuum of care.
- Describe how the program monitors that each student has the required experiences.
- Describe the range of experiences other than those required that students have had.

6L2 practice in settings representative of those in which physical therapy is commonly practiced;

Evidence of Compliance:

Narrative:

- Describe the range of practice settings available.
- Describe the clinical education practice settings in which students are required to participate.
- Describe how the program monitors that each student has the required experiences.

6L3 involvement in interprofessional practice⁴⁹

Evidence of Compliance:

Narrative:

- Describe the program's expectation for opportunities for involvement in interprofessional practice during clinical experiences.
- Provide evidence that students have opportunities for interprofessional practice.

⁴⁸ **Clinical education experiences:** That aspect of the professional curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.

⁴⁹ **Interprofessional practice:** "When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care" (WHO, 2010).

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

6L4 direction and supervision of the physical therapist assistant and other physical therapy personnel; and

Evidence of Compliance:

Narrative:

- Describe the program's expectation for opportunities for direction and supervision of physical therapist assistants and other physical therapy personnel during clinical experiences.
- Provide evidence the students have an opportunity for direction and supervision of PTAs or other physical therapy personnel.

6L5 other experiences that lead to the achievement of the program's defined expected student outcomes.

Evidence of Compliance:

Narrative:

- Describe the program's expectation for other clinical education experiences that lead to the achievement of the program's expected student outcomes.
- Provide evidence that the students have these experiences.

6M The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or the equivalent) and is completed (including clinical education) in no less than 6 semesters⁵⁰ or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.

Evidence of Compliance:

Narrative:

- Identify the length of the program in semesters (or equivalent) and in semester credit hours (or equivalent).
- Identify the number of weeks of full time clinical education.
- If program is offered part-time, provide evidence that the credits and contact hours are the same as for the full-time programs.

6N The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at satisfactory completion of the program.

Evidence of Compliance:

Narrative:

- State the degree granted.

⁵⁰6 semesters: As of 2014, the average length of professional programs is 8.33 semesters, ranging from 6 to 12 semesters or equivalent.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

Standard 7

The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.

REQUIRED ELEMENTS:

- 7A** The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, histology, nutrition, and psychosocial aspects of health and disability.

Evidence of Compliance:

Narrative:

- Describe where and how each of the delineated biological and physical sciences content areas is included in the professional curriculum. Do not include prerequisite courses.

- 7B** The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice and applied statistics.

Evidence of Compliance:

Narrative:

- Describe where and how each of the delineated content areas is included in the professional curriculum.

- 7C** The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.

Evidence of Compliance:

Narrative:

- Describe where and how each of the delineated clinical sciences content areas is included in the professional curriculum.

- 7D** The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:

Evidence of Compliance:

Narrative:

- For each of the following elements:
 - Describe where the content is presented in the curriculum and provide example(s)/descriptions(s) of the learning experiences that are designed to meet the practice expectations (i.e., describe where and how the content is taught throughout the curriculum);
 - Provide a maximum of 5 examples of course objectives that demonstrate the highest expected level of student performance, include course **prefix and number, course name, objective number and the full wording of the objective**. Include objectives from clinical education courses, if applicable. If the expectation is a curricular theme, examples of course objectives from multiple courses are required, up to a maximum of 10 objectives; and
 - Describe outcome data, where available, that demonstrates the level of actual student achievement. **For Initial Accreditation ONLY**, describe how the program will determine the actual level of student achievement, including planned outcome data.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

Professional Ethics, Values and Responsibilities

- 7D1** Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- 7D2** Report to appropriate authorities suspected cases of abuse of vulnerable populations.
- 7D3** Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
- 7D4** Practice in a manner consistent with the APTA *Code of Ethics*.
- 7D5** Practice in a manner consistent with the APTA *Core Values*.
- 7D6** Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.
- 7D7** Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- 7D8** Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.
- 7D9** Access and critically analyze scientific literature.
- 7D10** Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.
- 7D11** Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.
- 7D12** Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.
- 7D13** Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.
- 7D14** Advocate for the profession and the healthcare needs of society through legislative and political processes.
- 7D15** Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.

Patient/Client ManagementScreening

- 7D16** Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.

Examination, Evaluation and Diagnosis

- 7D17** Obtain a history and relevant information from the patient/client and from other sources as needed.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

- 7D18** Perform systems review⁵¹.
- 7D19** Select, and competently administer tests and measures⁵² appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:
- a. Aerobic Capacity/Endurance
 - b. Anthropometric Characteristics
 - c. Assistive Technology
 - d. Balance
 - e. Circulation (Arterial, Venous, Lymphatic)
 - f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life
 - g. Cranial and Peripheral Nerve Integrity
 - h. Environmental Factors
 - i. Gait
 - j. Integumentary Integrity
 - k. Joint Integrity and Mobility
 - l. Mental Functions
 - m. Mobility (including Locomotion)
 - n. Motor Function
 - o. Muscle Performance (including Strength, Power, Endurance, and Length)
 - p. Neuromotor Development and Sensory Processing
 - q. Pain
 - r. Posture
 - s. Range of Motion
 - t. Reflex Integrity
 - u. Sensory Integrity
 - v. Skeletal Integrity
 - w. Ventilation and Respiration or Gas Exchange
- 7D20** Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.
- 7D21** Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.
- 7D22** Determine a diagnosis that guides future patient/client management.

Prognosis and Plan of Care

- 7D23** Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.
- 7D24** Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.
- 7D25** Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role,

⁵¹ **Systems Review:** Including the cardiovascular/pulmonary system through the assessment of blood pressure, heart rate, respiration rate, and edema; the integumentary system through the gross assessment of skin color, turgor, integrity, and the presence of scar; the musculoskeletal system through the gross assessment of range of motion, strength, symmetry, height, and weight; the neuromuscular system through the general assessment of gross coordinated movement and motor function; and the gross assessment of communication ability, affect, cognition, language, and learning style, consciousness, orientation, and expected behavioral/emotional responses.

⁵² **Test and Measures:** The list is adapted from the *Guide to Physical Therapist Practice (2014)*.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.

- 7D26** Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.

Intervention⁵³

- 7D27** Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:
- a. Airway Clearance Techniques
 - b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification
 - c. Biophysical Agents
 - d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
 - e. Integumentary Repair and Protection
 - f. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)
 - g. Motor Function Training (balance, gait, etc.)
 - h. Patient/Client education
 - i. Therapeutic Exercise

Management of Care Delivery

- 7D28** Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.
- 7D29** Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.
- 7D30** Monitor and adjust the plan of care in response to patient/client status.
- 7D31** Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.
- 7D32** Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.
- 7D33** Respond effectively to patient/client and environmental emergencies in one's practice setting.
- 7D34** Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.
- 7D35** Provide care through direct access.
- 7D36** Participate in the case management process.

⁵³ **Interventions:** This list is adapted from the *Guide to Physical Therapist Practice (2014)*.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

Participation in Health Care Environment

- 7D37** Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team
- 7D38** Participate in activities for ongoing assessment and improvement of quality services.
- 7D39** Participate in patient-centered interprofessional collaborative practice.
- 7D40** Use health informatics in the health care environment.
- 7D41** Assess health care policies and their potential impact on the healthcare environment and practice.

Practice Management

- 7D42** Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.
- 7D43** Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

Standard 8

The program resources are sufficient to meet the current and projected needs of the program.

REQUIRED ELEMENTS:

8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes.

Evidence of Compliance:

Portal Fields:

- Provide faculty workload data for each faculty member on the individual Core Faculty Detail page(s).
- Provide information related to teaching responsibilities in the Course Details page for each course.

Narrative:

- Describe how the program determines the number of core faculty needed to accomplish all program activities delineated in the element.
- Describe the core faculty resources for the program.
- Identify the core faculty:student ratio⁵⁴ and the average faculty:student lab ratio.
- Provide evidence that the core faculty workloads are within the defined workload policies.
- Describe how the faculty teaching and workloads for the program faculty are adequate to meet the program needs with regard to:
 - teaching;
 - scholarship;
 - program administration;
 - administration of the clinical education program;
 - institutional and program committee and governance activities;
 - student advising;
 - any expectations related to student recruitment and admissions process; and
 - other institutional and program responsibilities.

8B The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.

Evidence of Compliance:

Narrative:

- Describe the secretarial/administrative and technical support available to the program, including the secretarial/administrative support available for the clinical education program.

8C Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

Evidence of Compliance:

Portal Fields:

- Provide three years of allocations and expense data in the Portal section entitled *Income Statement*. Data must be provided for the academic year of the visit, the previous academic year and projected data for the next academic year. The form, Allocations and Expense Statements, can be used to collect the required data.

Note: **Allocations** refers to the amounts **budgeted to the program**; it should never be zero nor should it reflect all tuition dollars collected by the institution unless all tuition dollars are indeed allocated to the program.

Narrative:

- Describe the various revenue sources, including the expected stability of each.

⁵⁴ **Core faculty:student ratio:** When determining this value, use (1) the number of full-time and part-time core faculty positions allocated to the program (regardless of the number of cohorts) and (2) the total number of students enrolled in the professional phase of the program (regardless of the number of cohorts).

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST EDUCATION PROGRAMS

- Describe how allocated funds from each source are used.
- Describe the process used to determine short- and long-term budgetary needs that are tied to the strategic planning process.

8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching, scholarship and service.

8D1 Classroom and laboratory environments are supportive of effective teaching and learning.

Evidence of Compliance:

Narrative:

- Describe the classroom and laboratory space consistently used by the program.
- Describe other classroom and laboratory space used by the program in the past two years, if different than that described in response to the first bullet.
- Describe how the space is supportive of effective teaching and learning: access to current technology, access to safety features, good repair, cleanliness, temperature control, etc.

8D2 Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

Evidence of Compliance:

Narrative:

- Describe the space available to the program for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

8D3 Students have access to laboratory space outside of scheduled class time for practice of clinical skills.

Evidence of Compliance:

Narrative:

- Identify the opportunities students have for access to laboratories for practice outside of scheduled class times.

8D4 Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.

Evidence of Compliance:

Narrative:

- Provide a general description of the equipment and materials available for the support of the program including equipment and supplies loaned by vendors or by facilities other than the institution.
- Describe the process used to ensure that equipment is in safe working order, sufficient in number and reflective of contemporary PT practice.
- Describe access to equipment being borrowed/loaned or used off-site; describe the contingency plan should borrowed/loaned equipment not be available for remediation and testing.

8D5 Technology resources meet the needs of the program.

Evidence of Compliance:

Narrative:

- Describe how the program uses technology for instructional and other purposes.
- Describe how the available instructional technology meets the needs of the program.

8D6 Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.

Evidence of Compliance:

Narrative:

- Describe the scholarship equipment and space needs of each core faculty member.
- Describe the scholarship equipment and space to which core faculty have access.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST EDUCATION PROGRAMS**

- 8E** The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.

Evidence of Compliance:

Narrative:

- Describe the adequacy of the library resources, including the technological resources, and related learning resource centers available to the program faculty and students.
- Describe the accessibility of library resources and related learning resource centers to program faculty and students.
- If the educational program has its own facility for books, periodicals, instructional, and audiovisual materials, describe how the facility and materials are in an environment that is conducive to their intended purpose and accessible to students and academic faculty when needed.

- 8F** The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists.

Evidence of Compliance:

Narrative:

- Describe the process used by the program to determine that the clinical education sites offer experiences for the students consistent with the goals of the clinical education portion of the curriculum and with the objectives of the individual clinical education courses in the curriculum.
- Describe how the program ensures a sufficient number and variety of clinical education sites to support the goals of the clinical education portion of the curriculum and to meet the objectives of the individual clinical education courses in the curriculum.

- 8G** There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.

Evidence of Compliance:

Narrative:

- Briefly describe the provisions of the clinical education contracts used by the program.
- Describe how the program maintains the currency of written agreements with clinical education sites.
- Describe the process used to ensure that there are current written agreements between the institution and the clinical education sites.

- 8H** Academic services, counseling services, health services, disability services, and financial aid services are available to program students.

Evidence of Compliance:

Narrative:

- Briefly describe the academic, counseling, health, disability, and financial aid services available to program students.

Note: Accessibility of these services for students taking distance education courses is requested in 6K8.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

Standard 1

The program meets graduate achievement measures and program outcomes related to its mission and goals.

REQUIRED ELEMENTS:

- 1A** The mission¹ of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation² of physical therapist assistants.

Evidence of Compliance:

Narrative:

- Provide the mission statements for the institution, the unit(s) in which the program resides, and the program.
- Describe the congruency of the program's mission statement with the institution and unit(s) missions.
- Describe the consistency of the program's mission with contemporary professional expectations for the preparation of physical therapist assistants.

Appendices & On-site Material: See instructions for development of reports

- 1B** The program has documented goals³ that are based on its mission, that reflect contemporary physical therapy education and practice, and that lead to expected program outcomes.

Evidence of Compliance:

Narrative:

- Provide the goals, including those related to:
 - Students and graduates (e.g., competent clinicians, leaders in the profession);
 - Faculty (e.g., achieving tenure and/or promotion, involvement in professional associations, improving academic credentials); and/or
 - The program (e.g., contributing to the community, development of alternative curriculum delivery models).
- Describe how the goals reflect the program's stated mission.

Appendices & On-site Material: See instructions for development of reports

- 1C** The program meets required student achievement measures⁴ and its mission and goals as demonstrated by actual program outcomes.

- 1C1** Graduation rates⁵ are at least 60%, averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 60%.

Evidence of Compliance:

Portal Fields:

- Provide graduation data for the most recent two years for which there is full data in the section entitled *Graduation Rate Data for the years identified on the Portal*. Use the Graduation Rate Table (forms packet) to collect the graduation data. Identify the number of cohorts admitted each year; data will be required for each cohort.

¹ **Mission:** A statement that describes why the physical therapist assistant education program exists, including a description of any unique features of the program. [The mission is distinct from the program's goals, which indicate how the mission is to be achieved.]

² **Contemporary preparation:** Reflects the minimum skills required for entry-level preparation of the physical therapist assistant and the needs of the area workforce as documented by the program. Contemporary preparation requires preparation for evidence based practice.

³ **Goals:** The ends or desired results toward which program faculty and student efforts are directed. Goals are general statements of what the program must achieve in order to accomplish its mission. Goals are long range and generally provide some structure and stability to the planning process. In physical therapist assistant education programs, goals are typically related to the educational setting, the educational process, the scholarly work of faculty and students, the service activities of faculty and students, etc.

⁴ **Graduate and student achievement measures:** The measures of outcome required by USDE (graduation rate, licensure pass rate, employment rate).

⁵ **Graduation Rate:** The percentage of students who are matriculated in the first technical course in the program after the add/drop period and who complete the program.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)

Narrative:

- Identify the 2-year graduation rate calculated by the data entered into the Graduation Rate Data Section on the Portal.
- If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data. Provide the Retention Rate Table (forms packet) as an appendix.

Appendices & On-site Material: See instructions for development of reports

- 1C2** Ultimate licensure pass rates⁶ are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.

Evidence of Compliance:

Narrative:

- Provide the most current licensure pass rate data available through the Federation of State Board of Physical Therapy (FSBPT); provide the data per cohort if more than one cohort is accepted in an academic year; provide:
 - First time pass rates for each cohort for the past two academic years.
 - Two-year ultimate pass rate based on the following data for each cohort:
 - Number of graduates per cohort who took the examination at least once;
 - Number of graduates per cohort who passed the exam after all attempts;
- **** NOTE:** if licensure pass rates for graduates in the last academic year have not yet stabilized, provide the data for the past three years and the two-year rate for the cohorts for which the data has stabilized.
- If the program graduates more than one cohort of students in an academic year, provide an analysis comparing the outcomes of the different cohorts.
- If program graduates do not routinely take the FSBPT exam, provide equivalent data.
- **For Initial Accreditation only:** identify that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

Appendices & On-site Material: See instructions for development of reports

- 1C3** Employment rates⁷ are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.

Evidence of Compliance:

Narrative:

- Provide the two-year employment rate for the last two academic years for each cohort based on the number of graduates who sought employment and the number of graduates employed within one year of graduation.
- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

Appendices & On-site Material: See instructions for development of reports

- 1C4** Students demonstrate entry-level clinical performance prior to graduation.

Evidence of Compliance:

Narrative:

- Describe the mechanisms used to determine entry-level performance of students prior to graduation.
- Provide evidence that each student who completed the program within the last year demonstrated entry-level performance by the end of their last clinical experience.
- **For Initial Accreditation only:** indicate that students have not yet completed their last clinical experience and provide the expected timeframe to collect and analyze this data. Note: the program will be required to provide

⁶ **Licensure pass rate:** The percentage of graduates who take and successfully pass the National Physical Therapy Examination (NPTE). Rates are considered to be stabilized one year after graduation.

⁷ **Employment rate:** The percentage of graduates who sought employment that were employed (full-time or part-time) as a physical therapist assistant within 1 year following graduation.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

additional information prior to CAPTE's initial accreditation decision; please refer to Part 8 of CAPTE's Rules of Practice and Procedure, accessible at www.capteonline.org, for detailed information about what must be provided and the timing of the request.

Appendices & On-site Material: See instructions for development of reports

1C5 The program graduates meet the expected outcomes as defined by the program.

Evidence of Compliance:

Narrative:

- For each goal related to program graduates delineated in Element 1B, list the expected outcomes that support the goal.
- For each outcome, provide the expected level of achievement and describe the process the program uses to determine if the expectation has been met.
- Based on the data collected from the various stakeholders identified in Element 2C, provide a summary of the data and an analysis of the extent to which the graduates meet the program's expected graduate student outcomes.
- If the program has more than one cohort, provide an analysis for each cohort.
- **For Initial Accreditation only:** indicate that there are no graduates and provide the expected timeframe to collect and analyze graduate data.

Appendices & On-site Material: See instructions for development of reports

1C6 The program meets expected outcomes related to its mission and goals.

Evidence of Compliance:

Narrative:

- For all other program goals delineated in Element 1B, list the expected outcomes that support the goal.
- For each outcome, provide the expected level of achievement and describe the process the program uses to determine if the expectation has been met.
- Based on the data collected from the various stakeholders identified in Element 2C, provide a summary of the data and an analysis of the extent to which the program meets its expected outcomes related to its mission and goals.
- If the program has more than one cohort, provide an analysis for each cohort.
- **For Initial Accreditation only:** indicate the expected timeframe to collect and analyze the program's expected outcome data.

Appendices & On-site Material: See instructions for development of reports

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

Standard 2:

The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.

REQUIRED ELEMENTS:

- 2A** The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.

Evidence of Compliance:

Narrative:

- Provide a description of the overall assessment process that summarizes the information in the program assessment matrix.
- Describe the overall strengths and weaknesses identified through analysis of cumulative assessment data. If other strengths and weakness have been identified, describe them and provide the source of evidence that led to that determination.
- Describe two examples of changes resulting from the assessment process within the last four years. For each example, describe the rationale for the change and describe the process, timeline and results (if available) of re-assessment to determine if the change resulted in program improvement.

Appendices & On-site Material: See instructions for development of reports

- 2B** For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:

- 2B1** the admissions process and criteria meet the needs and expectations of the program.

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the admission process and criteria meet the needs and expectations of the program.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices & On-site Material: See instructions for development of reports

- 2B2** program enrollment appropriately reflects available resources, program outcomes and workforce needs.

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the optimum program enrollment considering resources, program outcomes and workforce needs.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices & On-site Material: See instructions for development of reports

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

2B3 the collective core, associated and clinical education faculty meet program and curricular needs.

Evidence of Compliance:

Narrative:

- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the collective core and associated faculty meet program and curricular needs.
- Provide an analysis of data collected and the conclusions drawn to determine the extent to which the collective clinical education faculty meet program and curricular needs.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices & On-site Material: See instructions for development of reports

2B4 program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.

Evidence of Compliance:

Narrative:

- Provide an analysis of the data collected and the conclusions drawn to determine the extent to which program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to: financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services (academic, counseling, health, disability, and financial aid services).
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

Appendices & On-site Material: See instructions for development of reports

2B5 program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.

Evidence of Compliance:

Narrative:

- Provide an analysis of the information collected and the conclusions drawn to determine the extent to which program policies and procedures, as well as relevant institutional policies and procedures, meet program needs. This includes analysis of the extent to which practices adhere to policies and procedures.
- If any student achievement or expected program outcomes fall below the CAPTE required or program expected levels, document the process used to assess and address the performance deficits. Identify data collected, describe conclusions reached, and describe or identify changes made to address the findings or conclusions. Provide a timeline for implementation, including meeting the respective Element, and for reassessment of the effectiveness of changes.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

2C The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.

Evidence of Compliance:

Narrative:

- Describe how the curricular evaluation process considers the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession and the health care delivery system.
- Provide evidence that the curricular assessment includes review of the required elements in Elements 6A through 6K.
- Identify the stakeholders from whom data is collected, the method(s) used to collect data, and the timing of the collection.
- Provide a summary of the outcome from the most recent curricular evaluation, including clinical education. Provide the identified strengths and weaknesses.
- Describe any curricular changes, including to clinical education, made within the last 4 years and provide the rationale for the change(s).

Appendices & On-site Material: See instructions for development of reports

2D The faculty is engaged in formal short and long term planning for the program which guides its future development. The planning process takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.

Evidence of Compliance:

Narrative:

- Describe the short and long term planning process, including the opportunities for core faculty participation.
- Describe how the process takes into account changes in higher education, the health care environment and the nature of contemporary physical therapy practice.
- Describe any changes planned for the next 3-5 years.

Appendices & On-site Material: See instructions for development of reports

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

**Standard 3:
The institution and program operate with integrity.**

REQUIRED ELEMENTS:

- 3A** The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.

Evidence of Compliance:

Narrative:

- Identify the state agency from which the institution has authority to operate as an institution of higher education.
- Identify the state agency from which the institution has authority to offer the PTA program and to award the degree, if different from above.
- If the institution is in a collaborative arrangement with another institution to award degrees, provide the above for the degree granting institution.
- Indicate if the institution has authorization to provide clinical education experiences in other states, where required.

Appendices & On-site Material: See instructions for development of reports

- 3B** The sponsoring institution(s) is (are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).

Evidence of Compliance:

Narrative:

- State the agency that accredits the institution.
- Provide the date that the current institutional accreditation status was granted.
- If the institution has an accreditation status other than full accreditation, explain the reasons for the institutional accreditation status and the impact on the program.
- If in a collaborative arrangement, provide the above for the degree-granting institution.

Appendices & On-site Material: See instructions for development of reports

- 3C** Institutional policies⁸ related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and technical aspects of the physical therapist assistant program, including providing for reduction in teaching load for administrative functions.

Evidence of Compliance:

Portal Fields:

- Provide faculty workload data for each faculty member on the individual Core Faculty Detail page.
- Provide information related to teaching responsibilities in the Course Details page for each course.

Narrative:

- Describe how the institution supports the professional judgment of the core faculty regarding academic regulations and professional behavior expectations of students.
- Describe how university-wide and/or unit-wide faculty roles and workload expectations are applied to the physical therapist assistant education program so that they take into consideration:
 - Administrative responsibilities of core faculty;
 - Provide examples of functions to be considered for release time (e.g., program administration, clinical education administration, development of Self-study Report, assessment activities)
 - Requirements for service and maintenance of expertise in contemporary practice in assigned teaching areas;
 - Complexity of course content, number of students per class or laboratory, and teaching methodology;
 - The relationship between credit hours and contact hours for classroom and laboratory for determining workload; and

⁸ **Policy:** A general principle by which a program is guided in its management.

STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)

- The unique needs of physical therapist assistant education, similar to those of other technical education programs, where core faculty ensure the integration and coordination of the curricular content, mentor associated faculty, conduct and coordinate a clinical education program, manage admission processes, etc.

Appendices & On-site Material: See instructions for development of reports

3D Policies and procedures⁹ exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.

Evidence of Compliance:

Narrative:

- Provide (quote) the institution's equal opportunity and nondiscrimination statement(s).
- Describe how the nondiscrimination statement and policy are made available to faculty, staff, prospective/enrolled students and the public.

Appendices & On-site Material: See instructions for development of reports

3E Policies, procedures, and practices¹⁰ that affect the rights, responsibilities, safety, privacy, and dignity of program faculty¹¹ and staff are written, disseminated, and applied consistently and equitably.

Evidence of Compliance:

Narrative:

- Provide an example of how policies are applied equitably.

3F Policies, procedures, and practices exist for handling complaints¹² that fall outside the realm of due process¹³, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.

Evidence of Compliance:

Narrative:

- Provide the relevant institutional or program policy and procedure that addresses handling complaints that fall outside due process (e.g., complaints from prospective and enrolled students, clinical education sites, employers of graduates, the general public).
- Describe how the records of complaints are, or would be, maintained by the program.

Appendices & On-site Material: See instructions for development of reports

3G Program specific policies and procedures are compatible with institutional policies and with applicable law.¹⁴

Evidence of Compliance:

Narrative:

- List the program-specific policies and procedures that differ from those of the institution (e.g., admissions procedures, grading policies, policies for progression through the program, policies related to clinical education) and describe how the policies and procedures differ and why.
- For program policies and procedures that differ from those of the institution:

⁹ **Procedure:** A description of the methods, activities, or processes used to implement a policy.

¹⁰ **Practices:** Common actions or activities; customary ways of operation or behavior.

¹¹ **Program faculty:** All faculty involved with the PTA program, including the Program Director, Core Faculty, Associated Faculty, and Clinical Education Faculty.

¹² **Complaint:** A concern about the program, expressed by students or others with a legitimate relationship to the program, the subject of which is not among those that are addressed through the institution's formal due processes.

¹³ **Due process:** Timely, fair, impartial procedures at the program or institutional level for the adjudication of a variety of issues including, but not limited to: (1) faculty, staff, and student violations of published standards of conduct, (2) appeals of decisions related to faculty and staff hiring, retention, merit, tenure, promotion, and dismissal, and (3) appeals of decisions related to student admission, retention, grading, progression, and dismissal. Due process generally requires adequate notice and a meaningful opportunity to be heard.

¹⁴ **Applicable law:** Those federal and state statutes/regulations relevant to physical therapy education (ADA, OSHA, FERPA, HIPAA, Practice Acts, etc.)

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- If applicable, explain how the program determines that program policies and procedures comply with applicable law.
- Describe how institutional approval is obtained for program policies and procedures that differ from those of the institution.

Appendices & On-site Material: See instructions for development of reports

3H Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:

- 3H1** maintenance of accurate information, easily accessible¹⁵ to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;
- 3H2** timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;
- 3H3** following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;
- 3H4** timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and
- 3H5** coming into compliance with accreditation criteria within two years of being determined to be out of compliance.¹⁶

Evidence of Compliance:

Narrative:

- Identify who is responsible for maintaining compliance with accreditation policies and procedures.
- Provide recent examples that demonstrate adherence to established policies and procedure.

Appendices & On-site Material: See instructions for development of reports

¹⁵ **Easily accessible:** Can be accessed by the public without disclosure of identity or contact information and is no more than one “click” away from the program’s home webpage.

¹⁶ This is a USDE requirement.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

Standard 4:

The program faculty are qualified for their roles and effective in carrying out their responsibilities.

REQUIRED ELEMENTS:

Individual Academic Faculty¹⁷

4A Each core faculty¹⁸ member, including the program director and clinical education coordinator, has contemporary expertise¹⁹ in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT content are licensed or regulated as a PT or PTA in the jurisdiction where the program exists.

Evidence of Compliance:

Narrative:

- The only response needed in the 4A text box is to refer the reader to the Core Faculty Detail Section for each core faculty member.

Portal Fields: on the Core Faculty Information Page:

- In completing the Qualifications box on this Portal page:
 - Describe the individual's effectiveness in teaching and student evaluation;
 - For core faculty who are PTs/PTAs and are teaching clinical PT content, identify if they are licensed in the jurisdiction where the program exists. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
 - Identify teaching assignments by prefix, number and title and indicate content assigned and role in course; and
 - Provide evidence of the individual's contemporary expertise specific to assigned teaching content. This evidence can include:
 - Education (including post-professional academic work, residency, and continuing education);
 - Clinical expertise (specifically related to teaching areas; e.g.: certification as a clinical specialist, residency);
 - Consultation and service related to teaching areas;
 - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences); and
 - Other evidence that demonstrates contemporary expertise, for example
 - Scholarship (publications and presentations related to teaching areas);
 - Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
 - Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study); and
 - Formal mentoring (include description of experiences, time frame and qualifications of mentor).

Appendices & On-site Material: See instructions for development of reports

¹⁷ **Academic faculty:** Those faculty members who participate in the delivery of the didactic (classroom and laboratory) portion of the curriculum. The academic faculty is comprised of the core faculty and the associated faculty.

¹⁸ **Core faculty:** Those individuals appointed to and employed primarily in the program, including the program director, the academic coordinator of clinical education (ACCE) and other faculty who report to the program director. The core faculty have the responsibility and authority to establish academic regulations and to design, implement, and evaluate the curriculum. The core faculty include physical therapists and physical therapist assistants and may include others with expertise to meet specific curricular needs. Members of the core faculty typically have full-time appointments, although some part-time faculty members may be included among the core faculty. The core faculty may hold tenured, tenure track, or non-tenure track positions.

¹⁹ **Contemporary expertise:** Expertise beyond that obtained in an entry-level physical therapy program that represents knowledge and skills reflective of current practice. Longevity in teaching or previous experience teaching a particular course or content area does not by itself necessarily constitute expertise.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

4B Physical therapists and physical therapist assistants who are core faculty have a minimum of three years of full time²⁰ (or equivalent) post-licensure clinical experience in physical therapy.

Evidence of Compliance:

Narrative:

- Provide evidence that each core faculty member who is a physical therapist or physical therapist assistant has a minimum of three years of full time (or equivalent), post-licensure clinical experience in physical therapy.

Appendices & On-site Material: See instructions for development of reports

4C Each core faculty member has a record of institutional or professional service²¹.

Evidence of Compliance:

Narrative:

- Describe the program's and/or the institution's expectations related to service accomplishments for core faculty.
- Briefly summarize core faculty members' service activities.

Appendices & On-site Material: See instructions for development of reports

4D Each associated²² faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.

Evidence of Compliance:

Narrative:

- For each associated faculty who is responsible for less than 50% of a course, provide the following information: name and credentials, content taught, applicable course number(s) and title(s), total contact hours, and source(s) of contemporary expertise specifically related to assigned responsibilities.
- For associated faculty who are responsible for 50% or more of the course, the only response needed in the 4D text box is to refer the reader to the Associated Faculty Detail Section for each associated faculty member.

Portal Fields: on the Associated Faculty Information Page:

- In completing the Qualifications box on this Portal page:
 - Describe the individual's effectiveness in teaching and student evaluation;
 - Identify teaching assignments by prefix, number and title and indicate content assigned and role in course; and
 - Provide evidence of the individual's contemporary expertise specific to assigned teaching content. This evidence can include:
 - Education (including post-professional academic work, residency, and continuing education);
 - Licensure, if required by the state in which the program is located;
 - Clinical expertise (specifically related to teaching areas; certification as a clinical specialist, residency);
 - Consultation and service related to teaching areas;
 - Course materials that reflect level and scope of contemporary knowledge and skills (e.g., course objectives, examinations, assignments, readings/references, learning experiences); and
 - Other evidence that demonstrates contemporary expertise, for example:
 - Scholarship (publications and presentations related to teaching areas);
 - Written evidence of evaluation of course materials (e.g., course syllabus, learning experiences, assessments of student performance) by a content expert;
 - Independent study and evidence-based review that results in critical appraisal and in-depth knowledge of subject matter (include description of resources used and time frame for study); and
 - Formal mentoring (include description of experiences, time frame and qualifications of mentor).

Appendices & On-site Material: See instructions for development of reports

²⁰ **Full-time:** 35 hours per week.

²¹ **Service:** Activities in which faculty may be expected to engage including, but not limited to, institution/program governance and committee work, clinical practice, consultation, involvement in professional organizations, and involvement in community organizations.

²² **Associated faculty:** Those individuals who have classroom and/or laboratory teaching responsibilities in the curriculum and who are not core faculty or clinical education faculty. The associated faculty may include individuals with full-time appointments in the unit in which the program resides or in other units of the institution, but who have primary responsibilities in programs other than the PTA program.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- 4E** Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.

Evidence of Compliance:

Narrative:

- Describe the faculty evaluation process, including how it addresses teaching, service and any additional responsibilities.
- Provide a recent (within past five years) example for each core faculty of faculty development activities that have been based on needs of the faculty and for program improvement.

Appendices & On-site Material: See instructions for development of reports

- 4F** Regular evaluation of associated faculty occurs and results in a plan to address identified needs.

Evidence of Compliance:

Narrative:

- Describe the process used to determine the associated faculty development needs, individually and, when appropriate, collectively.
- Describe and provide examples of development activities used by the program to address identified needs of associated faculty.

Appendices & On-site Material: See instructions for development of reports

Program Director²³

- 4G** The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include all of the following:

- a minimum of a master's degree;
- holds a current license/certification to practice in the jurisdiction where the program is located;
- a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience;
- didactic and/or clinical teaching experience;
- experience in administration/management;
- experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine credits of coursework in educational foundations. [Proviso: CAPTE will begin enforcing the expectation for post-professional course work in 2018. This will be monitored in the Annual Accreditation Report.]

Evidence of Compliance:

Narrative:

- Describe how the program director meets the following qualifications:
 - is a physical therapist or physical therapist assistant;
 - holds a current license to practice in the jurisdiction where the program is located. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
 - a minimum of a master's degree;
 - a minimum of five years, full-time, post licensure experience that includes a minimum of 3 years of full-time clinical experience;
 - didactic and/or clinical teaching experience;
 - experience in administration/management; and
 - experience in educational theory and methodology, instructional design, student evaluation and outcome assessment; including the equivalent of nine credits of coursework in educational foundations. NOTE: if the program director does not have nine credits of coursework in educational foundations, and the program wishes to seek an exemption, provide a rationale for the equivalency of the program director's qualifications to meet the intent of this expectation.

Appendices & On-site Material: See instructions for development of reports

²³ **Program director:** The individual employed full-time by the institution, as a member of the core faculty, to serve as the physical therapist assistant education program's academic administrator: Chair, Director, Coordinator, etc.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- 4H** The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.

Evidence of Compliance:

Narrative:

- Describe the effectiveness of the mechanisms used by the program director to communicate with program faculty and other individuals and departments (admissions, library, etc.) involved with the program.
- Describe the responsibility, authority and effectiveness of the program director for assessment and planning.
- Describe the responsibility, authority and effectiveness of the program director in fiscal planning and allocation of resources, including long-term planning and the ability to shift financial resources to meet program needs.
- Describe the responsibility, authority and effectiveness of the program director for faculty evaluation.
- Describe the process used to assess the program director as an effective leader.
- Provide evidence of effective leadership which might relate to:
 - A vision for physical therapist assistant education;
 - Understanding of and experience with curriculum content, design, and evaluation;
 - Employing strategies to promote and support professional development;
 - Proven effective interpersonal and conflict management skills;
 - Abilities to facilitate change;
 - Negotiation skills (relative to planning, budgeting, funding, program faculty status, program status, employment and termination, space, and appropriate academic and professional benefits);
 - Effective experience in short and long term planning;
 - Active service on behalf of physical therapist professional education, higher education, the larger community, and organizations related to their academic interest;
 - Effective management of human and fiscal resources;
 - Commitment to lifelong learning;
 - Active role in institutional governance; and
 - Program accomplishments.

Appendices & On-site Material: See instructions for development of reports

Clinical Education Coordinator²⁴

- 4I** The clinical education coordinator is a physical therapist or physical therapist assistant who holds current license or certification in the jurisdiction where the program is located and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice experience must include experience as a CCCE or CI in physical therapy, or a minimum of two years of experience in teaching, curriculum development and administration in a PT or PTA program.

Evidence of Compliance:

Narrative:

- Identify the core faculty member(s) who is/are designated as the clinical education coordinator.
- If more than one core faculty member is assigned as a clinical education coordinator, describe the role and responsibilities of each.
- Describe how the clinical education coordinator meets the following qualifications:
 - Is a physical therapist or physical therapist assistant;
 - Current license to practice in the jurisdiction where the program is located, if allowed by state law. Note: If clinical practice is required for licensure and the individual is not engaged in clinical practice, provide a statement to that effect and provide the reference in the State Practice Act that would preclude licensure;
 - A minimum of three years of full time (or equivalent) post-licensure clinical practice; and
 - A minimum of two years of clinical practice as a CCCE and/or CI or two years of experience in teaching, curriculum development and administration in a PT or PTA program.

Appendices & On-site Material: See instructions for development of reports

²⁴ **Clinical Education Coordinator:** The core faculty member(s) responsible for the planning, coordination, facilitation, administration, monitoring, and assessment of the clinical education component of the curriculum. The clinical education coordinator(s) is/are the faculty member(s) of record for the clinical education courses. NOTE: the term is intentionally generic; programs are free to use any appropriate title.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- 4J** The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.

Evidence of Compliance:

Narrative:

- Describe the process to assess the effectiveness of the clinical education coordinator(s).
- Describe the effectiveness of the clinical education coordinator(s) in planning, developing, coordinating, and facilitating the clinical education program, including effectiveness in:
 - Organizational, interpersonal, problem-solving and counseling skills; and
 - Ability to work with clinical education faculty (CCCEs and CIs) to address the diverse needs of the students.
- Describe the mechanisms used to communicate information about clinical education with core faculty, clinical education sites, clinical education faculty (CCCEs and CIs), and students.
 - Describe how the clinical education faculty are informed of their responsibilities.
- Describe the timing of communications related to clinical education to the core faculty, clinical education sites, clinical education faculty (CCCEs and CIs), and students.
- Describe the process used to monitor that the academic regulations are upheld.
- Describe the methods used to assign students to clinical education experiences.
- Describe how the program works to ensure that the supervision and feedback provided to students is appropriate for each student in each clinical education experience, assuming that the student is progressing through the program in the expected manner.
- Describe how the need for an altered level of clinical supervision and feedback is determined, communicated to the clinical education faculty, and monitored during the experience.

Appendices & On-site Material: See instructions for development of reports

Collective Academic Faculty

- 4K** The collective core and associated faculty include an effective blend of individuals who possess the appropriate educational preparation and clinical and/or professional experiences sufficient to meet program goals and expected student outcomes as related to program mission and institutional expectations and assigned program responsibilities.

Evidence of Compliance:

Narrative:

- Describe the institutional expectations for the academic preparation of faculty.
- Describe the blend of clinical specialization of the core and associated faculty in the program.
- Describe the effectiveness of the blend to meet program goals and expected outcomes as related to program mission and institutional expectations and to meet assigned program responsibilities.

Appendices & On-site Material: See instructions for development of reports

- 4L** The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.

Evidence of Compliance:

Narrative:

- Describe the process by which academic regulations specific to the program are developed, adopted and evaluated by the core faculty.
- Describe the process used to verify that the academic regulations are upheld.
- Describe the process that would be used to address violations of academic regulations. Provide examples, if available.

Appendices & On-site Material: See instructions for development of reports

- 4M** The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.

Evidence of Compliance:

Narrative:

- Describe the responsibility of the core faculty for the development, review, and revision of the curriculum plan.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- Provide examples of community of interest involvement in curriculum development, review and revision.
Appendices & On-site Material: See instructions for development of reports

4N The collective core faculty are responsible for determining that students are safe and ready to progress to clinical education.

Evidence of Compliance:

Narrative:

- Describe how the core faculty determine in which skills students are expected to be competent and safe.
- Describe the processes used by the core faculty to determine students are competent and safe in the skills identified by the core faculty and that the students are ready to engage in clinical education.
- Describe how the program ensures that critical safety elements are identified in the competency testing process.
- Describe how grading procedures for the competency testing process ensure students are not placed in the clinical setting without being determined to be competent and safe.
- Describe the criteria upon which the determination is made that each student is ready to engage in clinical education.
- Describe the mechanisms used to communicate to students and clinical education faculty the specific skills in which students must be competent and safe.

Appendices & On-site Material: See instructions for development of reports

Clinical Education Faculty²⁵

4O Clinical instructors are licensed physical therapists or, if permitted by State Practice Act, licensed/certified physical therapist assistants, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.

Evidence of Compliance:

Narrative:

- Describe how the program determines that clinical instructors are meeting the expectations of this criteria including, but not limited to:
 - the program's expectations for the clinical competence of the CIs;
 - the program's expectations for clinical teaching effectiveness of the CIs;
 - how the clinical education sites are informed of these expectations; and
 - how these expectations are monitored.
- Summarize the qualifications of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year (e.g., years of experience, specialist certification, or other characteristics expected by the program).
- Describe the program's expectations for clinical teaching effectiveness of the CIs.
- If not using the Web CPI, identify how CIs are trained in completing the tool to assess student performance.
- Describe how the program determines that the tool used for the evaluation of student performance in the clinical setting has been completed correctly.
- Summarize the teaching effectiveness, including the ability to assess and document student performance, of the CIs who provided clinical instruction for at least 160 hours to the same student in the last academic year.

Appendices & On-site Material: See instructions for development of reports

²⁵ **Clinical education faculty:** The individuals engaged in providing the clinical education components of the curriculum, generally referred to as either Center Coordinators of Clinical Education (CCCEs) or Clinical Instructors (CIs). While the educational institution/program does not usually employ these individuals, they do agree to certain standards of behavior through contractual arrangements for their services. The primary CI for physical therapist assistant students must be a physical therapist or a physical therapist assistant; however this does not preclude a physical therapist assistant student from engaging in short-term specialized experiences (e.g., cardiac rehabilitation, sports medicine, wound care) under the supervision of other professionals, where permitted by law.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

Standard 5

The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population.

REQUIRED ELEMENTS:

- 5A** Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity²⁶ of the student body.

Evidence of Compliance:

Narrative:

- Provide the planned class size and the rationale for it.
- Describe procedures for recruitment of students.
- Describe the admissions criteria for the program, including any special considerations used by the program.
- Describe the admission procedures.
- Describe procedures to maintain planned class. Identify related policies to prevent over enrollment.
- Describe how the program ensures that the admission procedures are applied equitably, including how prospective students' rights are protected.
- Describe the program process for determining the acceptance of credit in transfer from other institutions.
- Describe the efforts of the program to recruit a diverse student population.

Appendices & On-site Material: See instructions for development of reports

- 5B** Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.

Evidence of Compliance:

Narrative:

- Describe how the following information is provided to prospective and enrolled students:
 - Catalogs;
 - Recruitment and admissions information, including admissions criteria, transfer of credit policies and any special considerations used in the process;
 - Academic calendars;
 - Grading policies;
 - Technical standards or essential functions, if used;
 - Acceptance and matriculation rates;
 - Student outcomes including, but limited to, the most current two year data available for graduation rates, employment rates, pass rates on licensing examinations;
 - Costs of the program (including tuition, fees, and refund policies);
 - Financial aid; and
 - Enrollment agreement, if used.
- Describe how the following information is communicated to enrolled students, including:
 - Process for filing complaint with CAPTE;
 - Job/career opportunities;
 - Availability of student services;
 - Health and professional liability insurance requirements;
 - Information about the curriculum;
 - Information about the clinical education program, including travel expectations to clinical sites;
 - Required health information;

²⁶**Diversity:** Includes group/social differences (e.g., race, ethnicity, socioeconomic status, gender, sexual orientation, country of origin, as well as cultural, political, religious, or other affiliations) and individual differences (e.g., age, mental/physical ability, personality, learning styles, and life experiences).

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- Potential for other clinical education requirements, such as drug testing and criminal background checks; and
 - Access to and responsibility for the cost of emergency services in off-campus educational experiences.
- Appendices & On-site Material: See instructions for development of reports

5C Enrollment agreements²⁷, if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.

Evidence of Compliance:

Narrative:

- Identify whether enrollment agreements are used.
- If used, provide evidence that the agreements are consistent across enrollees for a given cohort.
- If used:
 - Describe the institutional accrediting agency and state requirements for using enrollment agreements and explain how the current agreement complies with these requirements;
 - Indicate when in the enrollment process the student is required to sign the agreement; and
 - Provide evidence that, prior to having to sign the enrollment agreement, prospective students are provided with:
 - Catalogs;
 - Recruitment and admissions information, including transfer of credit policies and any special considerations used in the process;
 - Academic calendars;
 - Grading policies;
 - Accreditation status of the institution and the program, including contact information for CAPTE;
 - Technical standards or essential functions, if available;
 - Acceptance and matriculation rates;
 - Student outcomes, including graduation rates, employment rates, pass rates on licensing examinations, and other outcome measures;
 - Costs of the program (including tuition, fees, and refund policies);
 - Any additional fees associated with verification of identity for distance education purposes;
 - Financial aid; and
 - Enrollment agreement.

Appendices & On-site Material: See instructions for development of reports

5D Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.

Evidence of Compliance:

Narrative:

- Describe how policies and procedures that affect students are disseminated to students and program faculty.
 - Provide examples of situations that illustrate the equitable application of policies that relate to the rights of students.
- Appendices & On-site Material: See instructions for development of reports

5E Policies, procedures, and practices related to student retention²⁸ and student progression²⁹ through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.

Evidence of Compliance:

Narrative:

- Describe the mechanism by which students receive regular reports of academic performance and progress.
- Describe the mechanism by which students receive regular reports of their clinical performance and progress, including the minimal expectations of the program for frequency of these reports.
- Describe the resources available to support student retention and progression of students through the program.

²⁷ **Enrollment agreements:** Formal contracts between the institution, program, and student which articulate basic legal tenets, assumptions, and responsibilities for all parties identified in a transactional relationship.

²⁸ **Retention:** Maintenance of enrollment across multiple terms.

²⁹ **Progression:** Ability of students to enroll in subsequent courses based on defined expectations.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- Describe remediation activities, if provided, when knowledge, behavior or skill deficits, or unsafe practices are identified.
- Describe how retention practices support a diverse student body.

Appendices & On-site Material: See instructions for development of reports

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

**Standard 6:
The program has a comprehensive curriculum plan.**

REQUIRED ELEMENTS:

- 6A** The comprehensive curriculum plan³⁰ is based on: (1) information about the contemporary practice³¹ of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.

Evidence of Compliance:

Narrative:

- Describe how the curriculum plan is based on information about the contemporary practice of physical therapy; standards of practice; and current literature, documents, publications, and other resources related to the profession, to physical therapist assistant education, and to educational theory.
- Indicate whether the program is expected to utilize a state-mandated curriculum plan.

Appendices & On-site Material: See instructions for development of reports

- 6B** The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based³².

Evidence of Compliance:

Narrative:

- Identify the general education and basic science courses required for the degree and explain how they prepare the student for the technical courses, or competencies if the program is competency based.

Appendices & On-site Material: See instructions for development of reports

- 6C** The curriculum plan includes a description of the curriculum model³³ and the educational principles on which it is built.

Evidence of Compliance:

Narrative:

- Describe the curriculum model and the educational principles of the curriculum.
- Provide examples of how the educational principles translate into learning experiences.

Appendices & On-site Material: See instructions for development of reports

- 6D** The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems³⁴, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with

³⁰**Curriculum plan:** A plan for the education of learners that includes objectives, content, learning experiences and evaluation methods—all of which are grounded in the mission, and expected student outcomes of the program and are based on consideration of educational theory and principles, the nature of contemporary practice, and the learners' previous experiences. The curriculum plan is part of the overall program plan, the latter of which may include goals related to areas such as program growth, finances, faculty development, faculty scholarship, community involvement, etc.

³¹**Contemporary practice:** Delivery of physical therapy services as documented in current literature, including the *Guide to Physical Therapist Practice*, the Standards of Practice, and the Code of Ethics.

³²**Competency based education:** Education processes that focus more on what students learn, rather than where or how long the learning takes place. Instead of evaluating student progress on the amount of time spent in a classroom (using the credit hour, which is the default standard for measuring progress), students receive college credit based on their actual demonstration of skills learned. Competency-based education programs are often designed to allow students to learn and progress at their own pace.

³³**Curriculum model:** A general description of the organization of the technical curriculum content.

³⁴**Major Systems:** Cardiovascular, pulmonary, integumentary, musculoskeletal, neuromuscular systems.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

the didactic component of the curriculum. Clinical education includes both integrated³⁵ and full-time terminal³⁶ experiences.

Evidence of Compliance:

Narrative:

- Describe how the courses are organized, sequenced, and integrated, including clinical education.
- Provide the rationale for the model used to integrate the didactic and clinical education portions of the curriculum; include a description of the course work that prepares students for each clinical education experience.
- Provide examples of sequential and integrated learning experiences that prepare students to provide care to individuals with orthopedic, neurological, and cardiopulmonary conditions and to geriatric and pediatric populations.
- Describe how the organization, sequencing, and integration of courses facilitate student achievement of the expected outcomes.

Appendices & On-site Material: See instructions for development of reports

6E The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.

Evidence of Compliance:

Narrative:

- Only response needed is to refer the reader to the course syllabi that is uploaded on the Course Detail Pages.

Attachments:

- Course syllabi; uploaded on the Course Details Page for each course. Each syllabus must include at least the following:
 - title and number;
 - description;
 - department offering course;
 - credit hours;
 - instructor(s);
 - clock hours (lecture and laboratory) and schedule;
 - course prerequisites;
 - course objectives;
 - outline of content and assigned instructor;
 - description of teaching methods and learning experiences;
 - methods of student evaluation/grading; and
 - required and recommended readings.

Appendices & On-site Material: See instructions for development of reports

Note: If the program or institution requires a syllabus format that does not include all of the above, the required syllabi plus an addendum is acceptable. For the purpose of accreditation review, all of the above are required.

6F The curriculum plan includes learning objectives³⁷ stated in behavioral terms that reflect the breadth and depth³⁸ of the course content and describe the level of student performance expected.

Evidence of Compliance:

Narrative:

- Describe the adequacy of the objectives, in the aggregate, to reflect the depth and breadth needed to meet expected student performance outcomes.

³⁵ **Integrated clinical education:** Clinical education experiences that occur before the completion of the didactic component of the curriculum. Options include but are not limited to one day a week during a term, a short full-time experience at the end of a term, a longer full-time experience between two regular terms. Integrated experiences cannot be satisfied with patient simulations or the use of real patients in class; these types of experiences are too limited and do not provide the full range of experiences a student would encounter in an actual clinical setting.

³⁶ **Full time terminal clinical education:** Extended full-time experience that occurs at the end of the technical curriculum but may be followed by a short didactic activity, such as a short licensure examination preparation course or seminar.

³⁷ **Objectives:** Statements specifying desired knowledge, skills, behaviors, or attitudes to be developed as a result of educational experiences. To the extent possible, objectives are expected to be behavioral (e.g., observable and measurable) across all learning domains.

³⁸ **Breadth and depth:** Qualities associated with the extent to which a learning experience, or a series of learning experiences, includes: (1) a diversity of subject matter (breadth) and/or (2) a focus on one subject (depth). In the context of physical therapy course content and objectives, breadth is usually demonstrated by objectives that describe the variety of knowledge, behaviors, or skills the student is expected to achieve, while depth is demonstrated by the description of the degree of student achievement expected as described in the objectives (e.g., the taxonomic level within the appropriate domain of learning).

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- Describe the extent to which course objectives, in the aggregate, are written in behavioral (measurable and observable) terms.
- Provide two examples of how expected competencies (as delineated by learning objectives) progress from introduction of core knowledge in didactic courses to demonstration of performance in the academic setting to the expected level of clinical performance.

Appendices & On-site Material: See instructions for development of reports

6G The curriculum plan includes a variety of effective instructional methods³⁹ selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.

Evidence of Compliance:

Narrative:

- Describe the variety of instructional methods and learning experiences used in the curriculum to facilitate students' achievement of the objectives.
- Describe the rationale for the selection of instructional methods and learning experiences used in the curriculum.

Appendices & On-site Material: See instructions for development of reports

6H The curriculum plan includes a variety of effective tests and measures⁴⁰ and evaluation processes⁴¹ used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.

Evidence of Compliance:

Narrative:

- Describe the variety of evaluation mechanisms, including formative and summative, used by the program to measure students' achievement of objectives.
- Describe the timing of student evaluation across the curriculum, in didactic, laboratory, and clinical education courses, including demonstrating that performance based competencies are assessed in the academic setting prior to clinical performance.
- Describe how the program ensures that evaluations used by the program to evaluate student performance are appropriate for the instructional content and for the expected level of student performance.
- Identify instrument(s) used to assess student performance during clinical education experiences.
- Describe how the program ensures that students have achieved the objectives stated for each clinical education experience.

Appendices & On-site Material: See instructions for development of reports

6I If the curriculum plan includes courses offered by distance education⁴² methods, the program provides evidence⁴³ that:

Evidence of Compliance:

Narrative:

- Describe the use of distance education methods in the curriculum, if any. If no distance education methods are used, state that for each Element 6I1 through Element 6I8.

Appendices & On-site Material: See instructions for development of reports

³⁹ **Instructional methods:** Classroom, laboratory, research, clinical, and other curricular activities that substantially contribute to the attainment of entry-level competence.

⁴⁰ **Tests and measures:** procedures used to obtain data on student achievement of expected learning outcomes.

⁴¹ **Evaluation processes:** Techniques used to determine the extent to which test data relate to overall student performance.

⁴² **Distance Education:** An educational activity characterized by separation of the faculty member from the student by either distance or time or both. For the purposes of these standards, the following definitions also pertain:

- Distance Education course: a course in which 50% or more of the contact hours are completed using distance education modalities and less than 50% of the contact hours include direct (face-to-face) interaction between the student and the faculty member(s).
- Distance Education program: a program in which 50% or more of the required courses (not including clinical education courses) are distance education courses.

⁴³ Assessment of the quality of distance education is required by USDE.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

611 faculty teaching by distance are effective in the provision of distance education;

Evidence of Compliance:

Narrative:

- Provide evidence that faculty teaching by distance are effective in the provision of distance education.

Appendices & On-site Material: See instructions for development of reports

612 the rigor⁴⁴ of the distance education courses is equivalent to that of site-based courses;

Evidence of Compliance:

Narrative:

- Describe how the program ensures the rigor of the distance education courses.

Appendices & On-site Material: See instructions for development of reports

613 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;

Evidence of Compliance:

Narrative:

- Describe how the program ensures student performance in distance education courses meets the expectations described in course syllabi.

Appendices & On-site Material: See instructions for development of reports

614 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to determine student identity during course activities and when testing occurs at a distance.

Appendices & On-site Material: See instructions for development of reports

615 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to maintain test security and integrity when testing occurs at a distance.

Appendices & On-site Material: See instructions for development of reports

616 there is a mechanism for maintaining student privacy as appropriate;

Evidence of Compliance:

Narrative:

- Describe the mechanism(s) used to maintain student privacy during distance education courses (e.g., distribution of grades on tests and assignments).

Appendices & On-site Material: See instructions for development of reports

617 students have been informed of any additional fees related to distance education; and

Evidence of Compliance:

Narrative:

- Identify additional student fees, if any, for distance education courses.
- If there are additional student fees for distance education courses, describe how and when students are informed of the fees.

Appendices & On-site Material: See instructions for development of reports

⁴⁴ **Rigor:** Expectations for student assignments, engagement in the course and performance.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

6I8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.

Evidence of Compliance:

Narrative:

- Describe how distance education students have access to academic, health, counseling, disability and financial aid services.
- Compare the academic, health, counseling, disability and financial aid services available to students taking distance education courses to those that are available for students taking on-site courses.

Appendices & On-site Material: See instructions for development of reports

6J The curriculum plan includes clinical education experiences⁴⁵ for each student that encompass, but are not limited to:

6J1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;

Evidence of Compliance:

Narrative:

- Describe the program's expectations for types of patients and treatment that each student will have worked with by the end of the program.
- Describe the program's expectations for management of patients/clients across the lifespan and continuum of care.
- Describe how the program monitors that each student has the required experiences.
- Describe the range of experiences other than those required that students have had.

Appendices & On-site Material: See instructions for development of reports

6J2 practice in settings representative of those in which physical therapy is commonly practiced;

Evidence of Compliance:

Narrative:

- Describe the range of practice settings available.
- Describe the clinical education practice settings in which students are required to participate.
- Describe how the program monitors that each student has the required experiences.

Appendices & On-site Material: See instructions for development of reports

6J3 involvement in interprofessional practice⁴⁶

Evidence of Compliance:

Narrative:

- Describe the program's expectation for opportunities for involvement in interprofessional practice during clinical experiences.
- Provide evidence that students have opportunities for interprofessional practice.

Appendices & On-site Material: See instructions for development of reports

6J4 participation as a member of the PT and PTA team; and

Evidence of Compliance:

Narrative:

- Describe the program's expectation for opportunities for participation as a member of the PT/PTA team during clinical experiences.
- Provide evidence that students have opportunities to participate as a member of the PT/PTA team during clinical experiences.

Appendices & On-site Material: See instructions for development of reports

⁴⁵ **Clinical education experiences:** That aspect of the technical curriculum during which student learning occurs directly as a function of being immersed within physical therapist practice. These experiences comprise all of the formal and practical "real-life" learning experiences provided for students to apply classroom knowledge, skills, and professional behaviors in the clinical environment.

⁴⁶ **Interprofessional practice:** "When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care" (WHO, 2010).

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

6J5 other experiences that lead to the achievement of the program's defined expected student outcomes.

Evidence of Compliance:

Narrative:

- Describe the program's expectation for other clinical education experiences that lead to the achievement of the program's expected student outcomes.
- Provide evidence that the students have these experiences.

Appendices & On-site Material: See instructions for development of reports

6K The curriculum for the PTA program, including all general education, pre-requisites, and technical education courses required for the degree, can be completed in no more than **5 semesters, 80 academic weeks, or** 104 calendar weeks, including 520-720 hours of clinical education.

Evidence of Compliance:

Narrative:

- Describe how the curriculum for the PTA program, including all general education, all pre-requisites and all technical education courses required for the degree, can be completed in not more than 104 calendar weeks of full time study or the equivalent.
- Identify the total number of contact hours allocated for clinical education.
- If the program is offered part-time, provide evidence that the credits and contact hours are the same as for full-time programs.

Appendices & On-site Material: See instructions for development of reports

6L The institution awards the associate degree upon satisfactory completion of the physical therapist assistant education program or assures the associate degree is awarded by an affiliating college at the satisfactory completion of the physical therapist assistant education program.

Evidence of Compliance:

Narrative:

- State the degree granted.

Appendices & On-site Material: See instructions for development of reports

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

Standard 7

The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.

REQUIRED ELEMENTS:

- 7A** The physical therapist assistant program curriculum requires a complement of academic general education⁴⁷ coursework appropriate to the degree offered that includes written communication and biological, physical, behavioral and social sciences which prepare students for coursework in the technical program sequence. General education courses are courses not designated as applied general education⁴⁸ coursework by the institution or program.

Evidence of Compliance:

Narrative:

- Describe where and how written communication, and biological, physical, behavioral and social sciences are included in the plan of study.

Appendices & On-site Material: See instructions for development of reports

- 7B** The physical therapist assistant program curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.

Evidence of Compliance:

Narrative:

- Describe where and how the clinical sciences content areas listed in the element are included in the plan of study.

Appendices & On-site Material: See instructions for development of reports

- 7C** The technical education component of the curriculum includes content and learning experiences that prepares the student to work as an entry-level physical therapist assistant under the direction and supervision of the physical therapist.

Evidence of Compliance:

Narrative:

- List the objectives that demonstrate how the curriculum prepares graduates to work under the direction and supervision of a physical therapist who directs and supervises the physical therapist assistant to perform selected interventions and the data collection techniques to carry out selected interventions.

Appendices & On-site Material: See instructions for development of reports

- 7D** Courses within the curriculum include content designed to prepare program students to:

Evidence of Compliance:

Narrative:

- For each of the following elements:
 - Describe where the content is presented in the curriculum and provide example(s)/descriptions(s) of the learning experiences that are designed to meet the practice expectations (i.e., describe where and how the content is taught throughout the curriculum);

⁴⁷ **Academic general education.** Academic general education courses place an emphasis on principles and theory not associated with a particular occupation or profession. Academic general education courses are those in written and oral communication; quantitative principles; natural and physical sciences; social and behavioral sciences; and humanities and fine arts that are designed to develop essential academic skills for enhanced and continued learning.

⁴⁸ **Applied general education:** Applied general education courses rely on technical course content to teach or demonstrate, what should be broader examination of concepts and ideas in a “true” general education course. Examples of applied general education might include: Pharmacology for the PTA (rather than Introduction to Pharmacology) or Applied Physics for the PTA (instead of Introduction or General Physics I).

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- Provide 3-5 examples of course objectives that include introduction of content and progression to the expected level of performance; **INCLUDE course prefix and number, course name, objective number and the full wording of the objective.** Include objectives from clinical education courses, if applicable. If the expectation is a curricular theme, examples of course objectives from multiple courses are required, up to a maximum of 10 objectives; and
- Provide evidence that didactic introduction to content precedes all expectations for clinical performance; and
- Describe outcome data, where available, that demonstrates the level of actual student achievement. **For Initial Accreditation ONLY**, describe how the program will determine the actual level of student achievement, including planned outcome data.

Appendices & On-site Material: See instructions for development of reports

Ethics, Values and Responsibilities

- 7D1** Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.
- 7D2** Report to appropriate authorities suspected cases of abuse of vulnerable populations.
- 7D3** Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.
- 7D4** Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (PTA) and Standards of Ethical Conduct (PTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary.
- 7D5** Perform duties in a manner consistent with APTA's *Values Based Behaviors for the Physical Therapist Assistant*.
- 7D6** Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.
- 7D7** Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.
- 7D8** Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all work-related activities.
- 7D9** Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.
- 7D10** Identify basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance.
- 7D11** Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.
- 7D12** Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.
- 7D13** Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- 7D14** Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.

Patient/Client Management

- 7D15** Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).
- 7D16** Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.

Plan of Care

- 7D17** Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.
- 7D18** Review health records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.
- 7D19** Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.
- 7D20** Report any changes in patient/client status or progress to the supervising physical therapist.
- 7D21** Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.
- 7D22** Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.

Intervention⁴⁹

- 7D23** Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:
- a. Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization
 - b. Application of Devices and Equipment: assistive / adaptive devices and prosthetic and orthotic devices
 - c. Biophysical Agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies
 - d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life
 - e. Manual Therapy Techniques: passive range of motion and therapeutic massage

⁴⁹ **Interventions:** This list is adapted from the *Guide to Physical Therapist Practice (2014)*.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- f. Motor Function Training (balance, gait, etc.)
- g. Patient/Client Education
- h. Therapeutic Exercise
- i. Wound Management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal

Test and Measures⁵⁰

7D24 Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas:

- a. Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise)
- b. Anthropometrical Characteristics: measurements of height, weight, length and girth
- c. Mental Functions: detect changes in a patient's state of arousal, mentation and cognition)
- d. Assistive Technology: identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment
- e. Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility
- f. Integumentary Integrity: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue
- g. Joint Integrity and Mobility: detect normal and abnormal joint movement
- h. Muscle Performance: measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone
- i. Neuromotor Development: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions
- j. Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations

⁵⁰ **Test and Measures:** Categories are adapted from the *Guide to Physical Therapist Practice* (2014).

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- k. Posture: determine normal and abnormal alignment of trunk and extremities at rest and during activities
 - l. Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device
 - m. Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others
 - n. Ventilation, Respiration and Circulation: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics
- 7D25** Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.
- 7D26** Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting.

Participation in Health Care Environment

- 7D27** Contribute to efforts to increase patient and healthcare provider safety.
- 7D28** Participate in the provision of patient-centered interprofessional collaborative care.
- 7D29** Participate in performance improvement activities (quality assurance).

Practice Management

- 7D30** Describe aspects of organizational planning and operation of the physical therapy service.
- 7D31** Describe accurate and timely information for billing and payment purposes.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

Standard 8

The program resources are sufficient to meet the current and projected needs of the program.

REQUIRED ELEMENTS:

- 8A** The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. Minimally, the program employs at least two, preferably three, full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates.

Evidence of Compliance:

Portal Fields:

- Provide faculty workload data for each faculty member on the individual Core Faculty Detail page(s).
- Provide information related to teaching responsibilities in the Course Details page for each course.

Narrative:

- Describe how the program determines the number of core faculty needed to accomplish all program activities delineated in the element.
- Describe the core faculty resources for the program.
- Provide evidence that the program employs at least two full-time core faculty members with the equivalent of 2 FTE dedicated⁵¹ to the PTA program. Provide evidence that one of the full-time core faculty members is a physical therapist.
- Identify the core faculty:student ratio⁵² and the average faculty:student lab ratio.
- Provide evidence that the core faculty workloads are within the defined workload policies.
- Describe how the faculty teaching and workloads for the program faculty are adequate to meet the program needs with regard to:
 - teaching;
 - program administration;
 - administration of the clinical education program;
 - institutional and program committee and governance activities;
 - student advising;
 - any expectations related to student recruitment and admissions process; and
 - other institutional and program responsibilities.

Appendices & On-site Material: See instructions for development of reports

- 8B** The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.

Evidence of Compliance:

Narrative:

- Describe the secretarial/secretarial and technical support available to the program, including the secretarial/administrative support available for the clinical education program.

Appendices & On-site Material: See instructions for development of reports

⁵¹ **Dedicated faculty:** Faculty members for whom the majority of their instructional and/or administrative work and contact hours are allocated to the PTA. While the Commission does not want to discourage individuals from seeking opportunities for growth and advancement within their institutions, the primary responsibility of core faculty must be to the needs of the program and its students.

⁵² **Core Faculty:Student ratio:** When determining this value, use (1) the number of full-time and part-time core faculty positions allocated to the program (regardless of the number of cohorts) and (2) the total number of students enrolled in the technical phase of the program (regardless of the number of cohorts).

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

8C Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.

Evidence of Compliance:

Portal Fields:

- Provide three years of allocations and expense data in the Portal section entitled *Income Statement*. Data must be provided for the academic year of the visit, the previous academic year and projected data for the next academic year. The form, Allocations and Expense Statements, can be used to collect the required data.

Note: Allocations refers to the amounts budgeted to the program; it should never be zero nor should it reflect all tuition dollars collected by the institution unless all tuition dollars are indeed allocated to the program.

Narrative:

- Describe the various revenue sources, including the expected stability of each.
- Describe how allocated funds from each source are used.
- Describe the process used to determine short- and long-term budgetary needs that are tied to the strategic planning process.

Appendices & On-site Material: See instructions for development of reports

8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching and service.

8D1 Classroom and laboratory environments are supportive of effective teaching and learning.

Evidence of Compliance:

Narrative:

- Describe the classroom and laboratory space consistently used by the program.
- Describe other classroom and laboratory space used by the program in the past two years, if different than that described in response to the first bullet.
- Describe how the space is supportive of effective teaching and learning: access to current technology, access to safety features, good repair, cleanliness, temperature control, etc.

Appendices & On-site Material: See instructions for development of reports

8D2 Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

Evidence of Compliance:

Narrative:

- Describe the space available to the program for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.

8D3 Students have access to laboratory space outside of scheduled class time for practice of clinical skills.

Evidence of Compliance:

Narrative:

- Identify the opportunities students have for access to laboratories for practice outside of scheduled class times.

Appendices & On-site Material: See instructions for development of reports

8D4 Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.

Evidence of Compliance:

Narrative:

- Provide a general description of the equipment and materials available for the support of the program, including equipment and supplies loaned by vendors or by facilities other than the institution.
- Describe the process used to ensure that equipment is in safe working order sufficient in number and reflective of contemporary PT practice.

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

- Describe access to equipment being borrowed/loaned or used off-site; describe the contingency plan should borrowed/loaned equipment not be available for remediation and testing.

Appendices & On-site Material: See instructions for development of reports

8D5 Technology resources meet the needs of the program.

Evidence of Compliance:

Narrative:

- Describe how the program uses technology for instructional and other purposes.
- Describe how the available instructional technology meets the needs of the program.

8E The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.

Evidence of Compliance:

Narrative:

- Describe the adequacy of the library resources, including the technological resources, and related learning resource centers available to the program faculty and students.
- Describe the accessibility of library resources and related learning resource centers to program faculty and students.
- If the educational program has its own facility for books, periodicals, instructional, and audiovisual materials, describe how the facility and materials are in an environment that is conducive to their intended purpose and accessible to students and academic faculty when needed.

Appendices & On-site Material: See instructions for development of reports

8F The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare all students for their roles and responsibilities as physical therapist assistants.

Evidence of Compliance:

Narrative:

- Describe the process used by the program to determine that the clinical education sites offer experiences for the students consistent with the goals of the clinical education portion of the curriculum and with the objectives of the individual clinical education courses in the curriculum.
- Describe how the program ensures a sufficient number and variety of clinical education sites to support the goals of the clinical education portion of the curriculum and to meet the objectives of the individual clinical education courses in the curriculum.

Appendices & On-site Material: See instructions for development of reports

8G There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.

Evidence of Compliance:

Narrative:

- Briefly describe the provisions of the clinical education contracts used by the program.
- Describe how the program maintains the currency of written agreements with clinical education sites.
- Describe the process used to ensure that there are current written agreements between the institution and the clinical education sites.

Appendices & On-site Material: See instructions for development of reports

**STANDARDS AND REQUIRED ELEMENTS FOR ACCREDITATION OF
PHYSICAL THERAPIST ASSISTANT EDUCATION PROGRAMS (Revised 5/20/15)**

8H Academic services, counseling services, health services, disability services, and financial aid services are available to program students.

Evidence of Compliance:

Narrative:

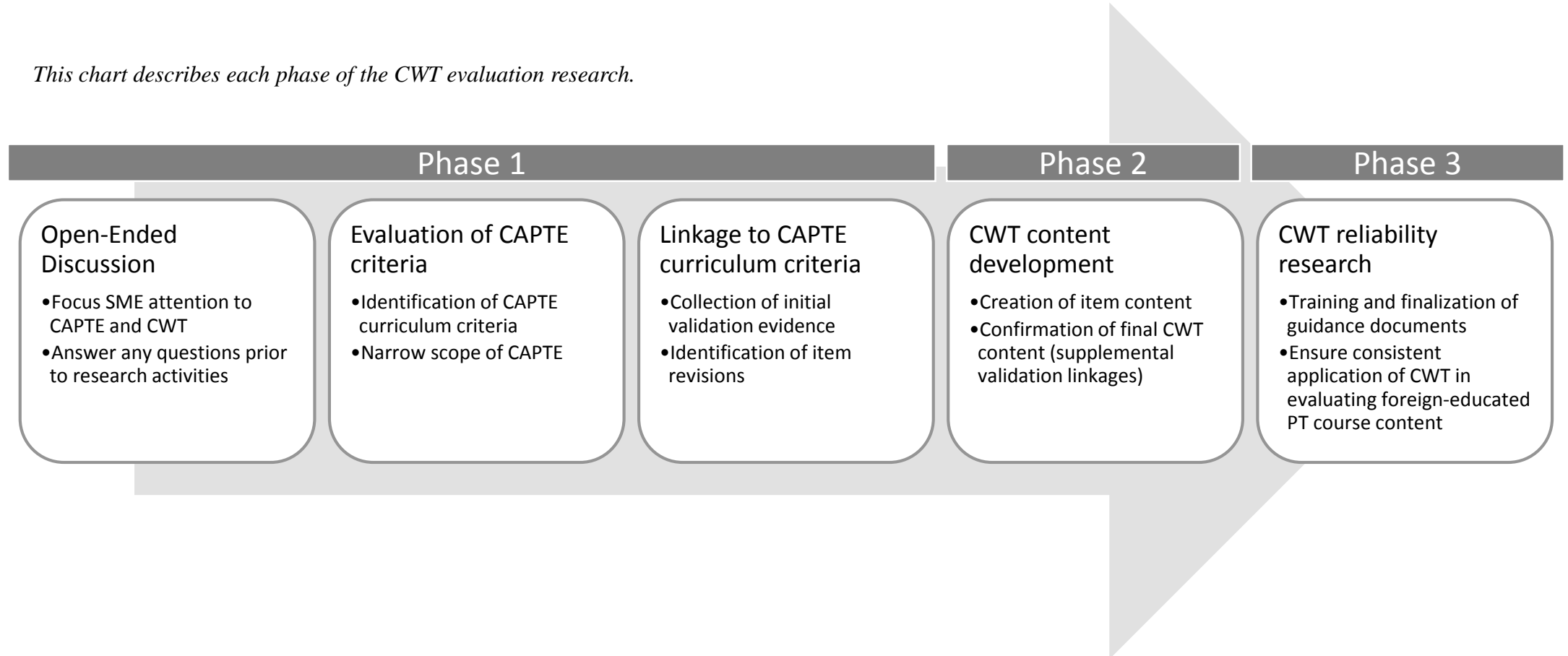
- Briefly describe the academic, counseling, health, disability, and financial aid services available to program students.

Appendices & On-site Material: See instructions for development of reports

Note: Accessibility of these services for students taking distance education courses is requested in 618.

Appendix E: CWT Evaluation Flowchart

This chart describes each phase of the CWT evaluation research.



Appendix F: List of Participating Subject Matter Experts (SMEs)

This table presents the subject matter experts participating in each research activity.

Name	Title	SME Group	Participation					
			CAPTE/CWT Review and Ratings	Phase 1: Pre-Focus Group Activities	Phase 1: Focus Group	Phase 2: CWT Review and Refinement	Phase 3: Initial Agreement Exercise	Phase 3: Final Agreement Exercise
Susan K. Lindeblad, PT, Ph.D.	Staff Reviewer for FSBPT ProCERt Program	FSBPT	X		a	X	X	X
Kathleen Luedtke-Hoffmann, PT, Ph.D.	Managing Director FCCPT	FSBPT	X		a	X	X	
Leslie Adrian, PT, DPT.	Director of Professional Standards FSBPT	FSBPT	X		a			
Mary Jane Harris, PT, D.Sc. (hon)	Director, Accreditation Department, APTA	PT		X	X	X	X	X
Martha Hinman, PT, PhD	Professor of Physical Therapy	PT		X	X	X	X	X
Eileen Bach, PT, DPT	Provider and Corporate Compliance Specialist	PT		X	X	X	X	X
Laura Lee (Dolly Swisher , PT, PhD	Professor, Coordinator of Professional Education; Asst. Dean for Interprofessional Education	PT		X	X	X	X	X
Thomas Mohr, PT, PhD	Professor Physical Therapy, Assoc. Dean for Health Sciences	PT		X	X	X	X	X
Kay Tasso	Pediatric Physical Therapist; Adjunct Faculty	PT		X	X		X	X
Claire Peel, PT, PhD, FAPTA	Vice Provost and Dean	PT					X	X
Z. Annette Iglarsh PT, PhD, FAPTA	Dean, Physical Therapy Developing program	PT			X			
Jody Gundrum, PT, PhD	Assistant Dean; Program Director NVCC PTA Program	PTA		X	X	X	X	

Name	Title	SME Group	Participation					
			CAPTE/CWT Review and Ratings	Phase 1: Pre-Focus Group Activities	Phase 1: Focus Group	Phase 2: CWT Review and Refinement	Phase 3: Initial Agreement Exercise	Phase 3: Final Agreement Exercise
Peggy Block, PT	Coordinator PTA Program W. Ky. Community and Tech. College; Dean Allied Health and Personal Services Division	PTA		X	X	X	X	
Danny Landry, PTA	Home Health Coordinator; Clinical PTA	PTA		X	X	X	X	
Peter Zawicki, PT,	Program Director, PTA at GateWay CC	PTA		X	X	X	X	
Penny Lescher, PT	Director PTA Program Mt. Aloysius College; Associate Professor	PTA		X	X	X	X	
Rebecca McKnight, PT	Co-owner Reach Consulting, LLC; Ed. Consulting primary for PTA programs curriculum and assessment	PTA		X	X	X	x	
Mark Lane, PT	Vice President FSBPT	FSBPT			a	X		
Ed Schmauss, PT	Evaluator 3, Physical Therapist	FCCPT				X	X	X
David Perry , PT	Evaluator 3, Physical Therapist	FCCPT				X	X	X
Judy White, PT, DPT	Evaluator – PLAN	FCCPT				X	X	X
Jeff Kannel, PT,	Evaluator – PLAN	FCCPT				X	X	X
Jaime Nolan	Assistant Director	FCCPT				X	X	X
Nancy Kirsch, PT, PhD	FSBPT Board of Directors Observer	FSBPT			a			
Maggie Donahoe	FSBPT Board of Directors Observer	FSBPT			a			

An 'X' indicates the SME actively participated in the identified research step. An 'a' indicates the individual participated as an observer and provided support as needed.

Below are summary background and demographic information for SMEs who actively participated in DCI led activities. These activities include: the CAPTE/CWT Review and Ratings, Phase 1: Pre-Focus Group Activities, Phase 1: Focus Group, and Phase 2: CWT Review and Refinement. *Note that percentages are only for those SMEs who chose to provide the requested information.*

Summary Background and Demographic Information of FSBPT SMEs (Total of 3 SMEs):	
Sample of previous PT related jobs:	<ul style="list-style-type: none"> • Managing Director, FCCPT (14 years) • Faculty (10 years) • Coordinator, PT Services (10 years) • Clinical Positions (15 years)
Average tenure in job:	0.75 years*
Average Age:	52.7 years
Race/Ethnicity	
White (Not Hispanic or Latino)	3 (100%)
Sex	
Female	3 (100%)

* Note that average tenure is for current job. Two of the SMEs had recently transitioned to new roles. See *Sample of previous PT related jobs* for tenure in previous jobs.

Summary Background and Demographic Information of PT SMEs (Total of 7 SMEs):	
Sample of Previous PT related jobs:	<ul style="list-style-type: none"> • CAPTE PT Panel • Staff PT • CAPTE Reviewer • Program Director • Director of Quality and Education • Onsite reviewer for CAPTE • Director, Physical Therapy Program
Average tenure in job:	11.5 years
Average Age:	63.3 years
Race/Ethnicity	
White (Not Hispanic or Latino)	5 (100%)
Sex	
Female	6 (100%)

Summary Background and Demographic Information of PTA SMEs (Total of 6 SMEs):	
Sample of Previous PT related jobs:	<ul style="list-style-type: none"> • PTA Faculty/Director of Clinical Education • Writer for FSBPT for PTA test and jurisprudence test • Louisiana PT Board • Onsite reviewer for CAPTE • Division Chair of Health Studies • Staff PT in regional hospital
Average tenure in current job:	14.1 years
Average Age:	56.3 years
Race/Ethnicity	
White (Not Hispanic or Latino)	6 (100%)
Sex	
Female	4 (66.7%)
Male	2 (33.3%)

Appendix G: Pre-Focus Group Exercise for PT and PTA

PT Pre-Focus Group Exercise

Introduction

Thank you for being a part of the focus group that will take place Friday, January 8th – 10th, 2016. As the introductory email mentioned, DCI Consulting Group is working with FSBPT to gather information on the educational credentialing tools used to evaluate Foreign Educated Physical Therapists (FEPT). To this end, we are conducting the upcoming focus group to meet with subject-matter experts, like yourself, to discuss 1) the CAPTE criteria, 2) the current coursework tool (i.e., the CWT5) used to evaluate Foreign Educated Physical Therapists, and 3) factors assessed during the credentialing review process.

As preparation for the upcoming focus group, this document contains a list of questions designed to gather information about you and to get you thinking about the credential review process. Specifically, we included some general questions about your background, your knowledge about CAPTE, and the coursework tool (CWT) used to evaluate Foreign Educated Physical Therapists.

Some questions ask about your demographic background, education, and experience. These data are collected so that we can show that we talked to a qualified and diverse group of experts. Please individually complete this document before we meet on Friday, January 8th; bring your completed responses with you to the meeting.

Your participation in this focus group is critical. It is important to remember that any information or comments you provide will remain **anonymous**.

<i>Please use the space provided to write in answers to each question below.</i>	
Participant Background Information	
1. What is your current job title (or most recent job title if you are not currently working)?	
2. How long have you been working in your current position (in the title listed above)?	
3. Have you ever served as an educational credential evaluator?	
a. If so, for how long did you serve in this role?	
4. Please list any physical therapy related jobs or volunteer experiences that you have had outside of your current role.	
5. Where did you receive your entry-level physical therapy degree?	
6. Please list any post-secondary education degrees (e.g., M.A., M.S., Ph.D.) you have.	
7. Are you a licensed physical therapist? (Please circle your option)	
YES	NO
8. Are you a licensed physical therapist assistant? (Please circle your option)	
YES	NO

Please use the space provided to write in answers to each question below.

9. Please provide your age (in years).

10. Please indicate your Race/Ethnicity (Please circle your option).

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races

11. Please indicate your Sex (Please circle your option).

- Male
- Female

Questions about CAPTE

12. What is your experience with the CAPTE criteria?

13. What is your experience with the NEW CAPTE criteria?

Please use the space provided to write in answers to each question below.

14. What is the purpose of the CAPTE criteria?

Questions about Coursework Tool (CWT)

15. What is your experience with the Coursework Tool (CWT)?

16. What is the purpose of the CWT?

Please use the space provided to write in answers to each question below.

Questions about Foreign Physical Therapy Programs

17. What aspects of the CAPTE criteria are most critical to evaluating foreign education?

18. What are the biggest challenges in evaluating foreign education?

PTA Pre-Focus Group Exercise

Introduction

Thank you for being a part of the focus group that will take place Friday, January 8th – 10th, 2016. As the introductory email mentioned, DCI Consulting Group is working with FSBPT to gather information on the educational credentialing tools used to evaluate Foreign Educated Physical Therapist Assistants (FEPTA). To this end, we are conducting the upcoming focus group to meet with subject-matter experts, like yourself, to discuss 1) the CAPTE criteria, 2) the current coursework tool (i.e., the PTA Tool 2007) used to evaluate Foreign Educated Physical Therapist Assistants, and 3) factors assessed during the credentialing review process.

As preparation for the upcoming focus group, this document contains a list of questions designed to gather information about you and to get you thinking about the credential review process. Specifically, we included some general questions about your background, your knowledge about CAPTE, and the coursework tool (CWT) used to evaluate Foreign Educated Physical Therapist Assistants.

Some questions ask about your demographic background, education, and experience. These data are collected so that we can show that we talked to a qualified and diverse group of experts. Please individually complete this document before we meet on Friday, January 8th; bring your completed responses with you to the meeting.

Your participation in this focus group is critical. It is important to remember that any information or comments you provide will remain **anonymous**.

<i>Please use the space provided to write in answers to each question below.</i>	
Participant Background Information	
1. What is your current job title (or most recent job title if you are not currently working)?	
2. How long have you been working in your current position (in the title listed above)?	
3. Have you ever served as an educational credential evaluator?	
a. If so, for how long did you serve in this role?	
4. Please list any physical therapy related jobs or volunteer experiences that you have had outside of your current role.	
5. Where did you receive your entry-level physical therapy degree?	
6. Please list any post-secondary education degrees (e.g., M.A., M.S., Ph.D.) you have.	
7. Are you a licensed physical therapist? (Please circle your option)	
YES	NO
8. Are you a licensed physical therapist assistant? (Please circle your option)	
YES	NO

Please use the space provided to write in answers to each question below.

9. Please provide your age (in years).

10. Please indicate your Race/Ethnicity (Please circle your option).

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- American Indian or Alaska Native (Not Hispanic or Latino)
- Two or More Races

11. Please indicate your Sex (Please circle your option).

- Male
- Female

Questions about CAPTE

12. What is your experience with the CAPTE criteria?

13. What is your experience with the NEW CAPTE criteria?

Please use the space provided to write in answers to each question below.

14. What is the purpose of the CAPTE criteria?

Questions about Coursework Tool (CWT – currently the PTA Tool (2007))

15. What is your experience with the PTA Tool (2007)?

16. What is the purpose of the PTA Tool (2007)?

Please use the space provided to write in answers to each question below.

Questions about Foreign Physical Therapy Programs

17. What aspects of the CAPTE criteria are most critical to evaluating foreign education?

18. What are the biggest challenges in evaluating foreign education?

Appendix H: Pre-Focus Group Exercise Results for PT and PTA

PT Pre-Focus Group Exercise Results

Please use the space provided to write in answers to each question below.

Questions about CAPTE

1. What is your experience with the CAPTE criteria?

- Participated in the CRG to draft new criteria program reviews as a site visitor and commissioner
- Faculty member during CAPTE accreditation at both PT and PTA programs
- Program director; CAPTE central panel; CAPTE criteria revision group
- Commissioner; Team Leader; Preparing SSR report
- I have reviewed the criteria for basic understanding
- Extensive – have 30 years as onsite reviewer; served 2 terms on Commission including the Chair position on both the PT and Central Panels. Have helped conduct self-study workshops on past 3 versions of CAPTE criteria/standards. Attended most recent self-study workshop and completed online training for the 2016 standards.
- Responded to them to achieve accreditation of a new program at NIU; used them as an onsite reviewer; applied them to programs as a member of CAPTE; participated in several review and revision processes, including the most recent one.

2. What is your experience with the NEW CAPTE criteria?

- Was a member of the CRG and Commission at the time they were created
- None
- CAPTE criteria revision group
- Commissioner; Team Leader; Preparing SSR report; Helped approve
- Very limited
- I am quite familiar with them.
- Helped draft them

3. What is the purpose of the CAPTE criteria?

- Minimum standards to answer quality in PT and PTA education
- To establish standards for quality physical therapy education programs to ensure at least minimal education and training in the areas cognitive, affective, and psychomotor skills relevant to the profession
- Consistency in PT education, minimal standards for PT programs
- Set minimum expectations for Ed.; protect public and students; ensure minimal quality
- The criteria establish the minimum standards and expectations for a physical therapy educational program to be accredited. Accreditation indicates compliance with the components of the criteria such as curriculum/physical therapy content provided to students, faculty qualifications, quality, fairness and equity related issues
- To ensure a minimum standard of quality that the public can trust
- To establish a standard by which to determine the extent to which PT and PTA programs provide an acceptable education for the preparation of entry-level practice of physical therapy

Please use the space provided to write in answers to each question below.

Questions about Coursework Tool (CWT)

4. What is your experience with the Coursework Tool (CWT)?

- No experience on using the tool
- Have utilized the findings of the FCCPT CWT as a state Board member
- FCCPT; FSBPT BOD; FESC
- Limited – know about it; standardized evaluation of educational experience
- I am familiar with the tool having knowledge of the initial tool and subsequent updated versions. I have been trained to complete the tool; I serve as a member of the quality review committee for FCCPT which involves reviews of completed tools
- Limited – I'm familiar with its content and use but have not personally used it to evaluate a candidate.
- Limited; though I have assisted in review of previous CWTs

5. What is the purpose of the CWT?

- To ensure a comprehensive and consistent review of non-US education programs.
- To ensure equivalent education and training for foreign trained physical therapist with U.S. trained CAPTE graduates
- Determine substantial equivalency of education
- Standardized evaluation of educational experience
- The CWT was designed to provide a standardized, equitable process to review the physical therapy education of non-US trained PT's and PTA's. The CWT looks to map the non-US education received to US PT education [CAPTE criteria]. The tool can help inform the process of a determination of educational equivalency.
- To determine equivalency of a foreign-educated PT's educational experience in order to qualify him/her for licensure and employment opportunities in the U.S.
- To determine the extent to which individual applicants for licensure have had an education (as measured by similarity of course content) that is substantially equivalent to the education required by CAPTE.

Questions about Foreign Physical Therapy Programs

6. What aspects of the CAPTE criteria are most critical to evaluating foreign education?

- Curricular content
- Depth and breadth of professional knowledge, U.S. health care systems, and clinical training
- Professional coursework and clinical education
- Standards 6 and 7 – educational element & curriculum plan and content; 2 B 3 – core faculty; 4D – faculty expertise; quality and quantity; pre-requisites
- The curricular standards especially those reflecting current US standards of practice and the clinical knowledge, skills, behaviors required for successful completion of PT education
- Probably those related to communication skills, legal and ethical issues, and health care management (particularly regulations related to documentation and reimbursement). For some foreign applicants, the criteria related to clinical reasoning will be critical as well.
- Curriculum content, including clinical education; determining the level of PT practice that the curriculum leads to

Please use the space provided to write in answers to each question below.

7. What are the biggest challenges in evaluating foreign education?

- Determining the level of content taught
- Securing original documents from foreign countries especially for graduates of closed programs
- Showing substantial equivalency to the DPT with only a BS program
- Determining equivalence of learning experiences; language barriers; effects of post educational experiences and continuing education
- There are several key challenges: (1) is the education presented for a paper review, the actual education received; (2) were the clinical [practical] experiences appropriate for hands on learning; (3) when multiple institutions were attended, is the PT education fragmented; and (4) is the educational level that of a PT or of a PTA?
- First, there's the difference in entry-level degree level. Second, the level of PT practice varies greatly across the globe; some foreign PTs function at the level of a PTA under the direction of a physician and others practice autonomously via direct access. Third, there is much disparity between the nature of clinical education from country to country. Fourth, the cultural context of what is taught can influence the way it is practiced. For example, in the U.S., we strive to make patients independent with their ADL skills, whereas other cultures would focus ADL training on educating a caregiver, not the patient.
- Accurate translation of curricular materials; accurate mapping of content level and time allotted to it

PTA Pre-Focus Group Exercise Results

Please use the space provided to write in answers to each question below.

Questions about CAPTE

1. What is your experience with the CAPTE criteria?

- As program coordinator completed the self-study process in 2014. Program re-accredited through 2024.
- Familiar with credentialing agency for educational institutions only
- On-site reviewer for CAPTE since 1997; Commissioner on CAPTE 2009-2015; Member of the Criterion Reference Review Group for CAPTE 2014/2015
- Extensive; Developed a new PTA program in 1996 with Declaration of Intent, and initial accreditation in 1998. Re accreditation in 2003. All successful; in current position reaccreditation of PTA program in 2011 and annual reports for CAPTE. Several compliance reports prior to 2011 and immediately afterwards. Successful outcomes.
- I have served as the team-leader for the on-site review team since 2009; I have been a consultant assisting PTA programs nationwide to meet CAPTE criteria since 2007
- Have been through 1 CAPTE review at Shenandoah Univ.; 2 and Marymount (PT criteria); have been through 1 CAPTE review at NVCC (PTA)

2. What is your experience with the NEW CAPTE criteria?

- I have reviewed to make sure my program is in compliance with the new criteria.
- Member of the Criterion Reference Review Group for CAPTE; Participated in numerous discussions about the new criteria as a Commissioner on CAPTE
- Have read the criteria and started implementation into my current PTA program; discussed CAPTE changes with administrators and faculty members
- I provided recommendations on the drafts of the Standards, I currently am working with several clients who are preparing for their SSR based upon the new Standards. I am signed up to lead a team for a CAPTE on-site visit. It is scheduled for December by has been rescheduled for June. I have provided mentoring to another consultant who is also working with clients who are working to meet the current Standards for an Application for Candidacy.
- Attended the town hall forum at CSM re: the draft; lead PTA specialist from CAPTE conducted a workshop for my faculty in May and September; currently my portal is open (as of Dec 1) for me to begin writing our self-study (due Sept '17)

3. What is the purpose of the CAPTE criteria?

- Ensure entry-level competency for licensure
- To prepare graduates who will be effective in their roles as PT and PTAs in the practice of physical therapy
- To assure that educational programs are meeting minimal standards for providing quality entry-level education for physical therapist assistants
- To ensure the safety and effectiveness of the education process of the PTA in order to protect the public; to ensure specific standards are met by institutions who offer PTA education.
- The primary purpose of the criteria/Standards is to ensure programs are structured in such a way as to produce graduates who are able to function as competent safe practitioners within their scope of work.
- To establish the minimum content taught in entry-level physical therapy curricula; to establish minimum standards for space, equipment, salaries, workload, faculty qualifications, etc.; to establish that physical therapy programs have adequate resources for students as well as sound policies to administer the programs; to establish minimum standards for clinical education; to ensure that programs have mechanisms in place for program assessment.

Please use the space provided to write in answers to each question below.

Questions about Coursework Tool (CWT – currently the PTA Tool (2007))

4. What is your experience with the PTA Tool (2007)?

- I was on the task force to review this tool
- Only familiar with the purpose of the tool
- The tool has been presented to me by individuals seeking to complete certain deficiencies in their education by taking select courses in the PTA program at GateWay Community College.
- I worked with the PT tool during the training session I completed a few years ago, but did not actually use the PTA tool. I have now read through the tool and have a basic understanding.
- I have no direct experience with the tool
- A number of foreign trained PTs have shared their evaluations from FCCPT with me seeking assistance in covering gaps in their education; I'm much more familiar with the PT tool having been a reviewer for FCCPT

5. What is the purpose of the PTA Tool (2007)?

- To ensure that persons coming from other countries met the entry-level criteria to license in the US
- It reflects the minimum foundational studies and applied science and technical education for substantial equivalence with respect to a US first degree for a PTA
- To evaluate the physical therapy education received by individuals in foreign countries and to assist in determining if that education is equivalent to education received in CAPTE accredited programs in the US. The tool identifies any deficiencies in foreign based physical therapy education.
- To ensure comparability of the education of the foreign educated candidate with the current US standards for the PTA.
- To help ensure individuals who are educating outside of the US have received an education that is equivalent to those individuals who are educated within the US
- To evaluate whether or not a foreign trained PTs education was equivalent to a PTA program in the US; if so, that PT may be eligible to sit for the national PTA licensing exam.

Questions about Foreign Physical Therapy Programs

6. What aspects of the CAPTE criteria are most critical to evaluating foreign education?

- The PT/PTA education to meet the required competencies. Background to ensure the persons were provided essential courses to supplement the PT/PTA education. I would think the courses in psychology, ethics, and anatomy and physiology would be most important.
- Evaluation of their educational institution and curriculum
- The comprehensive curriculum and clinical education components
- Curriculum content particularly in the professional side, laboratory content and clinical experience. Ensuring compatibility with the US PTA is not an easy task. The main focus is to ensure skills and safety for working in the role of PTA with the public
- Depth of knowledge to allow for appropriate clinical decision making; understanding of role of the PTA.
- The criteria for the curricular content as it relates to breadth and depth

Please use the space provided to write in answers to each question below.

7. What are the biggest challenges in evaluating foreign education?

- Different education at levels where practice is allowed in the world. Some trained at the technician level while we emphasize the educational model for our graduates. The degrees of associate or doctorate may or may not be offered for persons trained in other countries.
- I would assume no onsite visits and or complete evaluations of the program or clinical sites.
- I am uncertain as I have not previously participated in the evaluation process
- Difference in general education – I Europe most students are expected to have completed gen ed requirements before they enter college/University so do not have “Junior College” courses in these topics. This does not however mean they have no knowledge of them; verification of credentials may be difficult to access due to international problems; differences in terminology of courses and course content; very few countries actually have a PTA designation so many of those who meet the PTA criteria may be PTs in their native country.
- Determining clinical decision making ability; determining psychomotor skill level is safe and competent.
- Discerning from the course descriptions and objectives what actually transpired: was it an observation only? Was the material taught to competency or were the concepts just introduced? Did all students see burns and wounds, or was that just a possible clinical rotation. (in the case where there is no other evidence of integumentary course objectives other than clinic)

Appendix I: Focus Group Protocol for Onsite Activities

FSBPT Agenda – January 8th to January 10th

Day 1 – CWT/CAPTE Evaluation

By: Group

Status:

- | | | |
|--|-----------|-----------|
| ➤ <u>9am</u> - Introductions / Project Background | FSBPT/DCI | Together |
| ➤ <u>9:15am</u> - Focus Group Discussion and Review of Pre-panel Materials | DCI | Together |
| ➤ <u>10am</u> - CWT to CAPTE Linkage Exercise
then split | DCI | Together, |
| ➤ <u>Noon</u> - Lunch | | |
| ➤ <u>1pm</u> - CWT to CAPTE Linkage Exercise | DCI | Split |
| ➤ <u>4:45pm</u> - Recap of Day 1 and Preview of Day 2 | DCI/FSBPT | Split |

Day 2 – Item/Guideline Review and Development

- | | | |
|---|-----------|-------|
| ➤ <u>9am</u> - Day 2 Overview | DCI/FSBPT | Split |
| ➤ <u>9:15am</u> - New CWT item development | DCI/FSBPT | Split |
| ➤ <u>Noon</u> – Lunch | | |
| ➤ <u>1pm</u> - Existing Guideline Review/Verification | FSBPT/DCI | Split |
| ➤ <u>3:15pm</u> - New Guideline development | FSBPT/DCI | Split |
| ➤ <u>4:45pm</u> - Recap of Day 2 and Preview of Day 3 | DCI/FSBPT | Split |

Day 3 – FEPT/FEPTA Evaluation

- | | | |
|---|-----------|----------|
| ➤ <u>9am</u> - Day 3 Overview | FSBPT/DCI | Together |
| ➤ <u>9:15am</u> CWT Training and Calibration | FSBPT/DCI | Together |
| ➤ <u>Noon</u> - Lunch | | |
| ➤ <u>1pm</u> - CWT Training and Calibration | FSBPT/DCI | Together |
| ➤ <u>2:30pm</u> - Start Evaluation Task | FSBPT/DCI | Split |
| ➤ <u>4:45pm</u> - Panel close-out and take-home exercise introduction | FSBPT/DCI | Split |

Note that agenda items may shift over the three days.

Introduction for DCI Staff [Remove this page from SME packets]

Thank you for taking the time to participate as a subject matter expert (SME) in this focus group.

Introductions: DCI Consulting Group is a Human Resources Management and Applied Research firm, specializing in a variety of areas including employee selection and validation. [Introduce yourself.] Our background is in a field of psychology that specializes in a scientific study of the workplace and those in it.

Project Purpose: DCI Consulting Group is working with FSBPT to collect information about the current course work tool and the evaluation of foreign education. To that end, we are meeting with subject-matter experts, like yourself, to discuss 1) evaluation of foreign education, 2) the new CAPTE criteria/standards, and 3) the CWT.

Our three day panel is broken up into four sections:

- **Section 1** is discussion based. We will ask you some questions designed to generate dialogue about the new CAPTE criteria/standards, the CWT, and the evaluation of foreign education. We will be taking notes as you respond so please do not let this distract you. The notes are a way for us to document our conversation so that we can evaluate the notes at a later time. Your specific comments will not be linked to your name in any way.
- **Section 2** focuses on the CWT. Through an exercise you will evaluate the overlap between the new CAPTE criteria/standards and the current CWT. This exercise will allow for identification of new CWT items that may need to be developed.
- **Section 3** focuses on the Guidelines for interpreting the CWT. Through an exercise you will evaluate the accuracy and completion of current guidelines. If additional CWT items are created in Section 2, new guidelines will also be developed.
- **Section 4** focuses on FEPT/FEPTA education evaluation using the CWT. You will receive training on using the CWT and will then evaluate the education of a set of FEPTs/FEPTAs.

More details for Sections 2, 3, and 4 will be provided at a later time – when we turn our focus to these portions of the focus group.

Note that your participation in this focus group is critical. It is important to remember that any information you provide will be kept anonymous.

Section 1: Content Questions

This section contains questions designed to generate dialogue about the CWT and evaluation of foreign education. Similarly themed questions are grouped together to help streamline the group discussion. We will walk through each of these questions together as a group.

Introduction

- As a starting point, please introduce yourself and tell us your story.
 - How did you come into your current or last role?
 - How long have you served (did you serve) in this role?

Question Group 1: Understanding CAPTE

- What are the CAPTE criteria/standards?
 - What is the purpose of the CAPTE criteria/standards?
- What is your experience with CAPTE?
 - What about the new CAPTE criteria/standards?

Question Group 2: Understanding CWT (*CWT5 and PTA Tool-2007*)

- What is the CWT?
 - What is the purpose of the CWT?
- What is your experience with the CWT?
- What is the CWT intended to measure?
- What is the value of aligning the CWT with CAPTE criteria/standards?
 - Any challenges with using CAPTE as the standard to evaluate FEPTs/FEPTAs?

Question Group 3: Foreign Educated PTs/PTAs

- What is your experience evaluating foreign education?
- What aspects of the CAPTE criteria/standards are most critical to evaluating foreign education?
- Are there CAPTE criteria/standards that do not apply to the evaluation of foreign education? In other words, are there aspects of CAPTE that would not be a valuable standard to use for the evaluation of foreign education?
 - If so, what are they?
 - [*Review pre-evaluated list of CAPTE criteria/standards – on next page*]
- What are the biggest challenges in evaluating foreign education?

CAPTE Review Verification

All CAPTE criteria/standards were initially evaluated in terms of their appropriateness in evaluating foreign education. Below are the results of this initial evaluation. Please review the results below and indicate if you agree or disagree with the determination. In each case, please describe why each of these CAPTE criteria/standards are either considered or not considered outside of scope.

CAPTE Criteria	Initial Rating	Verification Rating
STANDARD 1: THE PROGRAM MEETS GRADUATE ACHIEVEMENT MEASURES AND PROGRAM OUTCOMES RELATED TO ITS MISSION AND GOALS.	Not Relevant	Agree Disagree
RATIONALE:		
STANDARD 2: THE PROGRAM IS ENGAGED IN EFFECTIVE, ON-GOING, FORMAL, COMPREHENSIVE PROCESSES FOR SELF-ASSESSMENT AND PLANNING FOR THE PURPOSE OF PROGRAM IMPROVEMENT.	Not Relevant	Agree Disagree
RATIONALE:		
STANDARD 3: THE INSTITUTION AND PROGRAM OPERATE WITH INTEGRITY.	Not Relevant	Agree Disagree
RATIONALE:		
STANDARD 4: THE PROGRAM FACULTY ARE QUALIFIED FOR THEIR ROLES AND EFFECTIVE IN CARRYING OUT THEIR RESPONSIBILITIES.	Not Relevant	Agree Disagree
RATIONALE:		

CAPTE Criteria	Initial Rating	Verification Rating
STANDARD 5: THE PROGRAM RECRUITS, ADMITS AND GRADUATES STUDENTS CONSISTENT WITH THE MISSIONS AND GOALS OF THE INSTITUTION AND THE PROGRAM AND CONSISTENT WITH SOCIETAL NEEDS FOR PHYSICAL THERAPY SERVICES FOR A DIVERSE POPULATION.	Not Relevant	Agree Disagree
RATIONALE:		
STANDARD 6: THE PROGRAM HAS A COMPREHENSIVE CURRICULUM PLAN.	Somewhat Relevant	Agree Disagree
Rationale:		
STANDARD 7: THE CURRICULUM INCLUDES CONTENT, LEARNING EXPERIENCES, AND STUDENT TESTING AND EVALUATION PROCESSES DESIGNED TO PREPARE STUDENTS TO ACHIEVE EDUCATIONAL OUTCOMES REQUIRED FOR INITIAL PRACTICE IN PHYSICAL THERAPY AND FOR LIFELONG LEARNING NECESSARY FOR FUNCTIONING WITHIN AN EVER-CHANGING HEALTH CARE ENVIRONMENT.	Critical	Agree Disagree
RATIONALE:		
STANDARD 8: THE PROGRAM RESOURCES ARE SUFFICIENT TO MEET THE CURRENT AND PROJECTED NEEDS OF THE PROGRAM.	Not Relevant	Agree Disagree
RATIONALE:		

Section 2: CAPTE/CWT5 Exercise

This section is an exercise designed to assess the overlap between CAPTE criteria/standards and the current course work tool (the CWT5) used to evaluate the curriculum of FEPTs. On the following pages, you are presented with a table listing all CAPTE criteria/standards (in **Column 1**) followed by three columns representing the following questions:

- **(Column 2)** Is the CAPTE criterion/standard reflected in the CWT5?
- **(Column 3)** If yes in Column 2, which CWT5 section number is most related to the CAPTE criterion/standard – the primary section that is related?
- **(Column 4)** If yes in Column 2, which CWT5 section number is the second most related to the CAPTE criterion/standard – the secondary section that is related?

Your task is to compare each of the listed CAPTE criteria/standards to the CWT5 and answer the three questions listed above. *The CWT5 is provided as a supplementary document to assist you in answering these questions.*

Below is an example to illustrate how to complete this exercise:

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
PROGRAM FACULTY: Program Administrator			
Hypothetical CAPTE criterion/standard 1	Yes No	III. A	-
Hypothetical CAPTE criterion/standard 2	Yes No		

Based on the above example, hypothetical CAPTE criterion/standard 1 is reflected in the CWT5, as indicated by a 'yes' in column 2 of the table. The identified CWT5 section number that best reflects this criterion/standard is recorded in column 3 (*i.e.*, 'III. A.'). No secondary section was identified. Hypothetical CAPTE criterion/standard 2 is not reflected in CWT5, as indicated by a 'no' in column 2; therefore, columns 3 and 4 are left blank.

After the rating exercise, there are a few open ended questions for your consideration.

Please let us know if you have any questions before beginning the exercise.

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
STANDARD 6: THE PROGRAM HAS A COMPREHENSIVE CURRICULUM PLAN.			
6A The comprehensive curriculum plan is based on: (1) information about the contemporary practice of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.	Yes No		
6B The curriculum plan includes an expectation that students enter the professional program with a baccalaureate degree. Alternatively, students may have three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution.	Yes No		
6C The specific prerequisite course work is determined by the program's curriculum plan.	Yes No		
6D The curriculum plan includes a description of the curriculum model ³⁵ and the educational principles on which it is built.	Yes No		
6E The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
6F The didactic and clinical curriculum includes interprofessional education; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork. NOTE: this criterion will become effective January 1, 2018.	Yes No		
6G The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	Yes No		
6H The curriculum plan includes learning objectives stated in behavioral terms that reflect the breadth and depth of the course content and describe the level of student performance expected.	Yes No		
6I The curriculum plan includes a variety of effective instructional methods selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.	Yes No		
6J The curriculum plan includes a variety of effective tests and measures and evaluation processes used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
6K If the curriculum plan includes courses offered by distance education methods, the program provides evidence that:	-	-	-
6K1 faculty teaching by distance are effective in the provision of distance education;	Yes No		
6K2 the rigor of the distance education courses is equivalent to that of site-based courses;	Yes No		
6K3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;	Yes No		
6K4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;	Yes No		
6K5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
6K6 there is a mechanism for maintaining student privacy as appropriate;	Yes No		
6K7 students have been informed of any additional fees related to distance education; and	Yes No		
6K8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.	Yes No		
6L The curriculum plan includes clinical education experiences ⁴⁸ for each student that encompass, but are not limited to:	-	-	-
6L1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;	Yes No		
6L2 practice in settings representative of those in which physical therapy is commonly practiced;	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
6L3 involvement in interprofessional practice	Yes No		
6L4 direction and supervision of the physical therapist assistant and other physical therapy personnel; and	Yes No		
6L5 other experiences that lead to the achievement of the program's defined expected student outcomes.	Yes No		
6M The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or the equivalent) and is completed (including clinical education) in no less than 6 semesters or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.	Yes No		
6N The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at satisfactory completion of the program.	Yes No		
STANDARD 7 THE CURRICULUM INCLUDES CONTENT, LEARNING EXPERIENCES, AND STUDENT TESTING AND EVALUATION PROCESSES DESIGNED TO PREPARE STUDENTS TO ACHIEVE EDUCATIONAL OUTCOMES REQUIRED FOR INITIAL PRACTICE IN PHYSICAL THERAPY AND FOR LIFELONG LEARNING NECESSARY FOR FUNCTIONING WITHIN AN EVER-CHANGING HEALTH CARE ENVIRONMENT.			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7A The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, histology, nutrition, and psychosocial aspects of health and disability.	Yes No		
7B The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice and applied statistics.	Yes No		
7C The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.	Yes No		
7D The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:	-	-	-
7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations.	Yes No		
7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.	Yes No		
7D4 Practice in a manner consistent with the APTA Code of Ethics.	Yes No		
7D5 Practice in a manner consistent with the APTA Core Values.	Yes No		
7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.	Yes No		
7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.	Yes No		
7D9 Access and critically analyze scientific literature.	Yes No		
7D10 Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.	Yes No		
7D11 Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.	Yes No		
7D12 Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.	Yes No		
7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D14 Advocate for the profession and the healthcare needs of society through legislative and political processes.	Yes No		
7D15 Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.	Yes No		
7D16 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.	Yes No		
7D17 Obtain a history and relevant information from the patient/client and from other sources as needed.	Yes No		
7D18 Perform systems review.	Yes No		
7D19 Select, and competently administer tests and measures appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:	-	-	-

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
a. Aerobic Capacity/Endurance	Yes No		
b. Anthropometric Characteristics	Yes No		
c. Assistive Technology	Yes No		
d. Balance	Yes No		
e. Circulation (Arterial, Venous, Lymphatic)	Yes No		
f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
g. Cranial and Peripheral Nerve Integrity	Yes No		
h. Environmental Factors	Yes No		
i. Gait	Yes No		
j. Integumentary Integrity	Yes No		
k. Joint Integrity and Mobility	Yes No		
l. Mental Functions	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
m. Mobility (including Locomotion)	Yes No		
n. Motor Function	Yes No		
o. Muscle Performance (including Strength, Power, Endurance, and Length)	Yes No		
p. Neuromotor Development and Sensory Processing	Yes No		
q. Pain	Yes No		
r. Posture	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
s. Range of Motion	Yes No		
t. Reflex Integrity	Yes No		
u. Sensory Integrity	Yes No		
v. Skeletal Integrity	Yes No		
w. Ventilation and Respiration or Gas Exchange	Yes No		
7D20 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D21 Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.	Yes No		
7D22 Determine a diagnosis that guides future patient/client management.	Yes No		
7D23 Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.	Yes No		
7D24 Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.	Yes No		
7D25 Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.	Yes No		
7D26 Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D27 Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:	-	-	-
a. Airway Clearance Techniques	Yes No		
b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification	Yes No		
c. Biophysical Agents	Yes No		
d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life	Yes No		
e. Integumentary Repair and Protection	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
f. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)	Yes No		
g. Motor Function Training (balance, gait, etc.)	Yes No		
h. Patient/Client education	Yes No		
i. Therapeutic Exercise	Yes No		
7D28 Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.	Yes No		
7D29 Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D30 Monitor and adjust the plan of care in response to patient/client status.	Yes No		
7D31 Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.	Yes No		
7D32 Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.	Yes No		
7D33 Respond effectively to patient/client and environmental emergencies in one's practice setting.	Yes No		
7D34 Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.	Yes No		
7D35 Provide care through direct access.	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D36 Participate in the case management process.	Yes No		
7D37 Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team	Yes No		
7D38 Participate in activities for ongoing assessment and improvement of quality services.	Yes No		
7D39 Participate in patient-centered interprofessional collaborative practice.	Yes No		
7D40 Use health informatics in the health care environment.	Yes No		
7D41 Assess health care policies and their potential impact on the healthcare environment and practice.	Yes No		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D42 Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.	Yes No		
7D43 Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.	Yes No		

Final Questions:

- Are any of the covered CAPTE criteria/standards inadequately covered by the CWT5?
 - Why?

- Are there any items of the CWT5 that are no longer appropriate to include (i.e., should be removed)?
 - Why?

Section 2: CAPTE/CWT5 Exercise

This section is an exercise designed to assess the overlap between CAPTE criteria/standards and the current course work tool (the PTA Tool) used to evaluate the curriculum of FEPTAs. On the following pages, you are presented with a table listing all CAPTE criteria/standards (in **Column 1**) followed by three columns representing the following questions:

- **(Column 2)** Is the CAPTE criterion/standard reflected in the PTA Tool?
- **(Column 3)** If yes in Column 2, which PTA Tool section number is most related to the CAPTE criterion/standard – the primary section that is related?
- **(Column 4)** If yes in Column 2, which PTA Tool section number is the second most related to the CAPTE criterion/standard – the secondary section that is related?

Your task is to compare each of the listed CAPTE criteria/standards to the PTA Tool and answer the three questions listed above. *The PTA Tool is provided as a supplementary document to assist you in answering these questions.*

Below is an example to illustrate how to complete this exercise:

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
PROGRAM FACULTY: Program Administrator			
Hypothetical CAPTE criterion/standard 1	Yes No	III. A	-
Hypothetical CAPTE criterion/standard 2	Yes No		

Based on the above example, hypothetical CAPTE criterion/standard 1 is reflected in the PTA Tool, as indicated by a 'yes' in column 2 of the table. The identified PTA Tool section number that best reflects this criterion/standard is recorded in column 3 (*i.e.*, 'III. A.'). No secondary section was identified. Hypothetical CAPTE criterion/standard 2 is not reflected in PTA Tool, as indicated by a 'no' in column 2; therefore, columns 3 and 4 are left blank.

After the rating exercise, there are a few open ended questions for your consideration.

Please let us know if you have any questions before beginning the exercise.

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
STANDARD 6: THE PROGRAM HAS A COMPREHENSIVE CURRICULUM PLAN.			
6A The comprehensive curriculum plan ³⁰ is based on: (1) information about the contemporary practice ³¹ of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.	Yes No		
6B The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based ³² .	Yes No		
6C The curriculum plan includes a description of the curriculum model ³³ and the educational principles on which it is built.	Yes No		
6D The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems ³⁴ , individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated ³⁵ and full-time terminal ³⁶ experiences.	Yes No		
6E The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
6F The curriculum plan includes learning objectives ³⁷ stated in behavioral terms that reflect the breadth and depth ³⁸ of the course content and describe the level of student performance expected.	Yes No		
6G The curriculum plan includes a variety of effective instructional methods ³⁹ selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.	Yes No		
6H The curriculum plan includes a variety of effective tests and measures ⁴⁰ and evaluation processes ⁴¹ used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.	Yes No		
6I If the curriculum plan includes courses offered by distance education ⁴² methods, the program provides evidence ⁴³ that:	Yes No		
6I1 faculty teaching by distance are effective in the provision of distance education;	Yes No		
6I2 the rigor ⁴⁴ of the distance education courses is equivalent to that of site-based courses;	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
6I3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;	Yes No		
6I4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;	Yes No		
6I5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;	Yes No		
6I6 there is a mechanism for maintaining student privacy as appropriate;	Yes No		
6I7 students have been informed of any additional fees related to distance education; and	Yes No		
6I8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.	Yes No		
6J The curriculum plan includes clinical education experiences ⁴⁵ for each student that encompass, but are not limited to:	-	-	-

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
6J1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;	Yes No		
6J2 practice in settings representative of those in which physical therapy is commonly practiced;	Yes No		
6J3 involvement in interprofessional practice ⁴⁶	Yes No		
6J4 participation as a member of the PT and PTA team; and	Yes No		
6J5 other experiences that lead to the achievement of the program's defined expected student outcomes.	Yes No		
6K The curriculum for the PTA program, including all general education, pre-requisites, and technical education courses required for the degree, can be completed in no more than 5 semesters, 80 academic weeks, or 104 calendar weeks, including 520-720 hours of clinical education.	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
6L The institution awards the associate degree upon satisfactory completion of the physical therapist assistant education program or assures the associate degree is awarded by an affiliating college at the satisfactory completion of the physical therapist assistant education program.	Yes No		
STANDARD 7 THE CURRICULUM INCLUDES CONTENT, LEARNING EXPERIENCES, AND STUDENT TESTING AND EVALUATION PROCESSES DESIGNED TO PREPARE STUDENTS TO ACHIEVE EDUCATIONAL OUTCOMES REQUIRED FOR INITIAL PRACTICE IN PHYSICAL THERAPY AND FOR LIFELONG LEARNING NECESSARY FOR FUNCTIONING WITHIN AN EVER-CHANGING HEALTH CARE ENVIRONMENT.			
7A The physical therapist assistant program curriculum requires a complement of academic general education ⁴⁷ coursework appropriate to the degree offered that includes written communication and biological, physical, behavioral and social sciences which prepare students for coursework in the technical program sequence. General education courses are courses not designated as applied general education ⁴⁸ coursework by the institution or program.	Yes No		
7B The physical therapist assistant program curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.	Yes No		
7C The technical education component of the curriculum includes content and learning experiences that prepares the student to work as an entry-level physical therapist assistant under the direction and supervision of the physical therapist.	Yes No		
7D Courses within the curriculum include content designed to prepare program students to:	-	-	-

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.	Yes No		
7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations.	Yes No		
7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.	Yes No		
7D4 Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary.	Yes No		
7D5 Perform duties in a manner consistent with APTA's Values Based Behaviors for the Physical Therapist Assistant.	Yes No		
7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.	Yes No		
7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all work-related activities.	Yes No		
7D9 Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.	Yes No		
7D10 Identify basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance.	Yes No		
7D11 Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.	Yes No		
7D12 Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.	Yes No		
7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
7D14 Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.	Yes No		
7D15 Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).	Yes No		
7D16 Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.	Yes No		
7D17 Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.	Yes No		
7D18 Review health records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.	Yes No		
7D19 Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
7D20 Report any changes in patient/client status or progress to the supervising physical therapist.	Yes No		
7D21 Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.	Yes No		
7D22 Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.	Yes No		
7D23 Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:	-	-	-
a. Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization	Yes No		
b. Application of Devices and Equipment: assistive / adaptive devices and prosthetic and orthotic devices	Yes No		
c. Biophysical Agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life	Yes No		
e. Manual Therapy Techniques: passive range of motion and therapeutic massage	Yes No		
f. Motor Function Training (balance, gait, etc.)	Yes No		
g. Patient/Client Education	Yes No		
h. Therapeutic Exercise	Yes No		
i. Wound Management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
7D24 Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas:	-	-	-
a. Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise)	Yes No		
b. Anthropometrical Characteristics: measurements of height, weight, length and girth	Yes No		
c. Mental Functions: detect changes in a patient's state of arousal, mentation and cognition)	Yes No		
d. Assistive Technology: identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment	Yes No		
e. Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility	Yes No		
f. Integumentary Integrity: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
g. Joint Integrity and Mobility: detect normal and abnormal joint movement	Yes No		
h. Muscle Performance: measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone	Yes No		
i. Neuromotor Development: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions	Yes No		
j. Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations	Yes No		
k. Posture: determine normal and abnormal alignment of trunk and extremities at rest and during activities	Yes No		
l. Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
m. Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others	Yes No		
n. Ventilation, Respiration and Circulation: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics	Yes No		
7D25 Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.	Yes No		
7D26 Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting.	Yes No		
7D27 Contribute to efforts to increase patient and healthcare provider safety.	Yes No		
7D28 Participate in the provision of patient-centered interprofessional collaborative care.	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
7D29 Participate in performance improvement activities (quality assurance).	Yes No		
7D30 Describe aspects of organizational planning and operation of the physical therapy service.	Yes No		
7D31 Describe accurate and timely information for billing and payment purposes.	Yes No		

Final Questions:

- Are any of the covered CAPTE criteria/standards inadequately covered by the PTA Tool?
 - Why?

- Are there any items of the PTA Tool that are no longer appropriate to include (i.e., should be removed)?
 - Why?

Appendix J: Focus Group Open Discussion Notes

Question Group 1: Understanding CAPTE

- What are the CAPTE criteria/standards?
 - What is the purpose of the CAPTE criteria/standards?
 - *Set of standards, to protect the public*
 - *Ensures programs structured to facilitate individuals coming out with needed skills after graduate the program*
 - *Helps boost stakeholders' (student, faculty, directors, etc.) confidence in the program*
 - *CAPTE checks out*
 - *Space, equipment, education—many things, beyond the program itself*
 - *Graduate outcome based*
 - *Purpose of CAPTE:*
 - *Provides guidance on how to develop a PT program and what should the program include.*
 - *Identifies the current minimum standards for all US programs. These standards are agreed upon by the experts in the field.*
 - *Gives developing programs credibility*
 - *A way to reach consensus on what minimum is, what it should be. Forum for consensus building. An agreed upon, consensus style minimum*
 - *Protects students—licensure rates, employment prospects*
 - *Protection for faculty as well as provide support.*
 - *Allow licensing people not to have to test everything, can focus only on what is critical*
 - *Provides way to establish way to verify someone has met a standard. Important to link standards to evidence*
 - *Many umbrella licensing boards default to CAPTE due to rigor. Leads by example and helps elevate other standards*
- What is your experience with CAPTE?
 - What about the new CAPTE criteria/standards?
 - *Majority are familiar with the new CAPTE standards prior to workshop. About 4-5 from the entire group were familiar with the old standards only.*

Question Group 2: Understanding CWT (CWT5 and PTA Tool-2007)

- What is the CWT?
 - What is the purpose of the CWT?
 - *Evaluates foreign curriculum in context of US standards*
 - *Is a minimum standard of what has to be in curriculum in order to establish equivalency.*
 - *To set the confidence in making comparisons.*
 - *A basis for how to evaluate something to make judgment on if something could be said to meet previous standards.*

- *CWT is used to make sure certain aspects are met. Using original documents as proof of equivalency*
 - *Big difference between--- CWT looking at the individual, CAPTE standards looking at the program*
 - *Seems comparable to CAPTE evaluator—going in and making sure course is up to standards*
 - *Main differences from CAPTE*
 - *Paper versus physical i.e. onsite examination*
 - *Curriculum focused versus holistic*
 - *Doesn't always involve an exam*
 - *Details of CWT*
 - *Receive the entire syllabi of course for examination*
 - *CWT is meant to evaluate a broad spectrum of courses and determine whether minimums are met*
 - *Note that CWT is not actually granting a certification. Still need to be taking the exam, in addition to supervised practice hours. It is an eligibility to consider licensure.*
 - *Because CWT is paper based, need to focus on the individual, on the content of the course and the education received to establish equivalency. In theory this also covers the clinical piece*
 - *The clinical aspect is another variable altogether – depends on the clinical system in play for a given country*
 - *Link between CAPTE and CWT*
 - *Similarity in the curriculum and content piece – sets what is in play for CWT by looking at CAPTE*
 - *What is the level of content we are expecting? Level of clinical decision making seems to be lacking for FEPTs, even if they have received the specified content.*
 - *Issue in some foreign programs is the type of learning experiences present in the courses, which can be somewhat difficult to assess*
 - *Note: this, and other issues, may be difficult to ever reconcile given the types of documentation available. Good to keep in mind, however, and this plays into the point that CWT is just establishing the bare minimum: it is not granting a credential*
- *What is your experience with the CWT?*
 - *Three individuals worked on development efforts [see pre-focus group exercise results for more details]*
 - *What is the CWT intended to measure?*
 - *What is the value of aligning the CWT with CAPTE criteria/standards?*
 - *Any challenges with using CAPTE as the standard to evaluate FEPTs/FEPTAs?*
 - *PTAs in other countries are sometimes fundamentally different: 3 year degrees in which are always working underneath a physician.*

- *Sometimes foreign physical therapy programs are sometimes more nuanced as compared to US programs – i.e. offer specialization based on discipline. E.g. ortho, neuro. This makes the comparison even harder.*
- *Most foreign programs, the physical therapists and PTAs do not have autonomy over practice and thus lack the clinical decision making expertise.*
- *Staff doesn't ever interact with people to recommend being evaluated as PT vs PTA. That is a decision candidates can make themselves (can access CWT).*
- *Communication is a major factor for FEs. Have hard enough time emphasizing this for US students; even harder when dealing with foreigners*
 - *Not just language barrier: don't understand how different disciplines work together and that those beyond doctor can be the leader. Coming from more hierarchy in other cultures*
 - *Both inter and intra profession communication challenges*
- *US code of ethics/principles also don't always translate*
- *US PTAs can be more versatile than those in other countries—e.g., UK PTAs much more specialized, more apprentice than formal coursework*
 - *If applying for PTA, they cannot apply to the H1B or EB visa. They have to come in through other visas.*

Question Group 3: Foreign Educated PTs/PTAs

- What is your experience evaluating foreign education?
 - *Handful of people with direct experience with FEPT/PTAs*
- What aspects of the CAPTE criteria/standards are most critical to evaluating foreign education?
 - *Biggest pieces to evaluate and content and curriculum*
- Are there CAPTE criteria/standards that do not apply to the evaluation of foreign education? In other words, are there aspects of CAPTE that would not be a valuable standard to use for the evaluation of foreign education?
 - If so, what are they?
 - *[See results of CAPTE evaluation exercise]*
- What are the biggest challenges in evaluating foreign education?
 - *Cultural bias that we feel other countries may not meet US standards, blends into recognizing difference between newly minted PT/PTA and one with several years of experience.*
 - *Affective piece is most difficult to evaluate – understanding how they'll interact in a clinical situation. Lack of agreement on how to evaluate affective qualities even in US, so hard to translate to foreign based*
 - *Between state differences in what the minimum standards are – Story: a FEPT was missing a general ed course (physics, maybe). Although he did*

not meet the minimum standard per the CWT, state of Kentucky licensed him to practice.

- *General education*
 - *In Europe, expected to have complete first year of college before actually go, and may be different elsewhere*
 - *Basically, people are not starting from same general education level, so some of the required coursework may not make sense.*
Possible consideration of required versus preferred
- *Difficult to obtain original education documents, due to politics with country or when schools have closed*
- *Translation of documents into English*
- *Equating different credit systems – e.g., credit hours versus notion hours*
 - *Grade equivalency also challenging*
- *The way in which foreign syllabi are written varies a lot. Tremendous variation on style, level of detail, etc.*
- *Online education- major confound to understanding amount of time, depth, translation to credit hours*

Appendix K: CAPTE Evaluation Exercise for PT and PTA – Completed by FSBPT

CAPTE Evaluation Exercise (CWT 5)

This exercise is designed to assess the appropriateness of using specific CAPTE standards to evaluate foreign physical therapist transcripts using the current course work tool (the CWT5). On the following pages, you are presented with a table listing all CAPTE standards (in **column 1**) followed by two columns representing the following question:

- (**Columns 2 and 3**) Is the CAPTE standard applicable to the evaluation of foreign physical therapist transcripts and curriculum using the CWT5?

Your task is to evaluate each of the listed CAPTE standards in terms of the question listed above. *The CWT5 is provided as a supplementary document to assist you in answering these questions.*

Below is an example to illustrate how to complete this exercise:

CAPTE Standard	Applicable to CWT5?	
Hypothetical CAPTE standard 1	Yes	No
Hypothetical CAPTE standard 2	Yes	No

Based on the above example, hypothetical CAPTE standard 1 is a viable aspect to evaluate when using the CWT5, as indicated by a 'yes' in column 2 of the table. Hypothetical CAPTE standard 2 is not a viable aspect to evaluate when using the CWT5, as indicated by a 'no' in column 3.

Please let us know if you have any questions before beginning the exercise.

CAPTE Standard	Applicable to CWT?	
STANDARD 1 THE PROGRAM MEETS GRADUATE ACHIEVEMENT MEASURES AND PROGRAM OUTCOMES RELATED TO ITS MISSION AND GOALS.		
1A The mission ¹ of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation ² of physical therapists.	Yes	No
1B The program has documented goals ³ that are based on its mission, that reflect contemporary physical therapy education, research and practice, and that lead to expected program outcomes.	Yes	No
1C The program meets required student achievement measures ⁴ and its mission and goals as demonstrated by actual program outcomes.	-	-
1C1 Graduation rates ⁵ are at least 80% averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 80%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.	Yes	No
1C2 Ultimate licensure pass rates ⁶ are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.	Yes	No
1C3 Employment rates ⁷ are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.	Yes	No
1C4 Students demonstrate entry-level clinical performance prior to graduation.	Yes	No
1C5 The program graduates meet the expected outcomes as defined by the program.	Yes	No
1C6 The program meets expected outcomes related to its mission and goals.	Yes	No
STANDARD 2: THE PROGRAM IS ENGAGED IN EFFECTIVE, ON-GOING, FORMAL, COMPREHENSIVE PROCESSES FOR SELF-ASSESSMENT AND PLANNING FOR THE PURPOSE OF PROGRAM IMPROVEMENT.		
2A The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.	Yes	No

CAPTE Standard	Applicable to CWT?	
2B For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:	-	-
2B1 the admissions process, criteria and prerequisites meet the needs and expectations of the program.	Yes	No
2B2 program enrollment appropriately reflects available resources, program outcomes and workforce needs.	Yes	No
2B3 the collective core, associated and clinical education faculty meet program and curricular needs.	Yes	No
2B4 program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.	Yes	No
2B5 program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.	Yes	No
2C The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.	Yes	No
2D The program has implemented a strategic plan that guides its future development. The plan takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.	Yes	No
STANDARD 3: THE INSTITUTION AND PROGRAM OPERATE WITH INTEGRITY.		
3A The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.	Yes	No
3B The sponsoring institution(s) is (are) accredited by a regional accrediting agency recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).	Yes	No
3C Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program, including providing for reduction in teaching load for administrative functions.	Yes	No

CAPTE Standard	Applicable to CWT?	
3D Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.	Yes	No
3E Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied consistently and equitably.	Yes	No
3F Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.	Yes	No
3G Program specific policies and procedures are compatible with institutional policies and with applicable law.	Yes	No
3H Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:	-	-
3H1 maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;	Yes	No
3H2 timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;	Yes	No
3H3 following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;	Yes	No
3H4 timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and	Yes	No
3H5 coming into compliance with accreditation criteria within two years of being determined to be out of compliance.	Yes	No
STANDARD 4: THE PROGRAM FACULTY ARE QUALIFIED FOR THEIR ROLES AND EFFECTIVE IN CARRYING OUT THEIR RESPONSIBILITIES.		
4A Each core faculty member, including the program director and clinical education coordinator, has doctoral preparation, contemporary expertise in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT content are licensed or regulated as a PT or PTA in the jurisdiction where the program exists. (PROVISO: CAPTE will begin enforcing the requirement for doctoral preparation of all core faculty effective January 1, 2020, except for individuals who are enrolled in an academic doctoral degree program on that date, in which case the effective date will be extended to December 31, 2025; this will be monitored in the Annual Accreditation Report.)	Yes	No
4B Each core faculty member has a well-defined, ongoing scholarly agenda that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.	Yes	No
4C Each core faculty member has a record of institutional or professional service.	Yes	No

CAPTE Standard	Applicable to CWT?	
4D Each associated faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.	Yes	No
4E Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.	Yes	No
4F Regular evaluation of associated faculty occurs and results in a plan to address identified needs.	Yes	No
<p>4G The program director demonstrates the academic and professional qualifications and relevant experience in higher education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following:</p> <ul style="list-style-type: none"> • is a physical therapist who holds a current license to practice in the jurisdiction where the program is located; • has an earned academic doctoral degree (program directors who have been determined by CAPTE as of January 1, 2016 to meet the 2006 Evaluative Criteria expectations without an academic doctoral degree may seek an exemption from this expectation); • holds the rank of associate professor, professor, clinical associate professor, or clinical professor; • has a minimum of six years of full time²⁶ higher education experience, with a minimum of three years of full-time experience in a physical therapist education program. 	Yes	No
4H The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.	Yes	No
4I The clinical education coordinator is a physical therapist who holds a current license to practice in the jurisdiction where the program is located and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical experience must include experience as a CCCE or CI in physical therapy, or minimum of two years of experience in teaching, curriculum development and administration in a physical therapy education program.	Yes	No
4J The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.	Yes	No
4K The collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with academic doctoral degrees) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission and institutional expectations and assigned program responsibilities.	Yes	No
4L The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.	Yes	No
4M The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.	Yes	No
4N The collective core faculty are responsible for determining that students are safe and ready to progress to clinical education.	Yes	No
4O Clinical instructors are licensed physical therapists, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.	Yes	No

CAPTE Standard	Applicable to CWT?	
STANDARD 5 THE PROGRAM RECRUITS, ADMITS AND GRADUATES STUDENTS CONSISTENT WITH THE MISSIONS AND GOALS OF THE INSTITUTION AND THE PROGRAM AND CONSISTENT WITH SOCIETAL NEEDS FOR PHYSICAL THERAPY SERVICES FOR A DIVERSE POPULATION.		
5A Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity ²⁹ of the student body.	Yes	No
5B Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.	Yes	No
5C Enrollment agreements, if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.	Yes	No
5D Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.	Yes	No
5E Policies, procedures, and practices related to student retention ³¹ and student progression ³² through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.	Yes	No
STANDARD 6: THE PROGRAM HAS A COMPREHENSIVE CURRICULUM PLAN.		
6A The comprehensive curriculum plan is based on: (1) information about the contemporary practice of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.	Yes	No
6B The curriculum plan includes an expectation that students enter the professional program with a baccalaureate degree. Alternatively, students may have three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution.	Yes	No
6C The specific prerequisite course work is determined by the program's curriculum plan.	Yes	No
6D The curriculum plan includes a description of the curriculum model ³⁵ and the educational principles on which it is built.	Yes	No
6E The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.	Yes	No

CAPTE Standard	Applicable to CWT?	
6F The didactic and clinical curriculum includes interprofessional education; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork. NOTE: this criterion will become effective January 1, 2018.	Yes	No
6G The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	Yes	No
6H The curriculum plan includes learning objectives stated in behavioral terms that reflect the breadth and depth of the course content and describe the level of student performance expected.	Yes	No
6I The curriculum plan includes a variety of effective instructional methods selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.	Yes	No
6J The curriculum plan includes a variety of effective tests and measures and evaluation processes used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.	Yes	No
6K If the curriculum plan includes courses offered by distance education ⁴⁵ methods, the program provides evidence that:	-	-
6K1 faculty teaching by distance are effective in the provision of distance education;	Yes	No
6K2 the rigor of the distance education courses is equivalent to that of site-based courses;	Yes	No
6K3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;	Yes	No
6K4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;	Yes	No
6K5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;	Yes	No
6K6 there is a mechanism for maintaining student privacy as appropriate;	Yes	No
6K7 students have been informed of any additional fees related to distance education; and	Yes	No
6K8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.	Yes	No
6L The curriculum plan includes clinical education experiences ⁴⁸ for each student that encompass, but are not limited to:	-	-
6L1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;	Yes	No
6L2 practice in settings representative of those in which physical therapy is commonly practiced;	Yes	No
6L3 involvement in interprofessional practice	Yes	No
6L4 direction and supervision of the physical therapist assistant and other physical therapy personnel; and	Yes	No
6L5 other experiences that lead to the achievement of the program's defined expected student outcomes.	Yes	No

CAPTE Standard	Applicable to CWT?	
6M The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or the equivalent) and is completed (including clinical education) in no less than 6 semesters or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.	Yes	No
6N The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at satisfactory completion of the program.	Yes	No
STANDARD 7 THE CURRICULUM INCLUDES CONTENT, LEARNING EXPERIENCES, AND STUDENT TESTING AND EVALUATION PROCESSES DESIGNED TO PREPARE STUDENTS TO ACHIEVE EDUCATIONAL OUTCOMES REQUIRED FOR INITIAL PRACTICE IN PHYSICAL THERAPY AND FOR LIFELONG LEARNING NECESSARY FOR FUNCTIONING WITHIN AN EVER-CHANGING HEALTH CARE ENVIRONMENT.		
7A The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, histology, nutrition, and psychosocial aspects of health and disability.	Yes	No
7B The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice and applied statistics.	Yes	No
7C The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.	Yes	No
7D The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:	-	-
7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.	Yes	No
7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations.	Yes	No
7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.	Yes	No
7D4 Practice in a manner consistent with the APTA Code of Ethics.	Yes	No
7D5 Practice in a manner consistent with the APTA Core Values.	Yes	No
7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.	Yes	No
7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.	Yes	No
7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.	Yes	No
7D9 Access and critically analyze scientific literature.	Yes	No

CAPTE Standard	Applicable to CWT?	
7D10 Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.	Yes	No
7D11 Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.	Yes	No
7D12 Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.	Yes	No
7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.	Yes	No
7D14 Advocate for the profession and the healthcare needs of society through legislative and political processes.	Yes	No
7D15 Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.	Yes	No
7D16 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.	Yes	No
7D17 Obtain a history and relevant information from the patient/client and from other sources as needed.	Yes	No
7D18 Perform systems review.	Yes	No
7D19 Select, and competently administer tests and measures appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:	-	-
a. Aerobic Capacity/Endurance	Yes	No
b. Anthropometric Characteristics	Yes	No
c. Assistive Technology	Yes	No
d. Balance	Yes	No
e. Circulation (Arterial, Venous, Lymphatic)	Yes	No
f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life	Yes	No
g. Cranial and Peripheral Nerve Integrity	Yes	No
h. Environmental Factors	Yes	No
i. Gait	Yes	No
j. Integumentary Integrity	Yes	No
k. Joint Integrity and Mobility	Yes	No
l. Mental Functions	Yes	No
m. Mobility (including Locomotion)	Yes	No

CAPTE Standard	Applicable to CWT?	
n. Motor Function	Yes	No
o. Muscle Performance (including Strength, Power, Endurance, and Length)	Yes	No
p. Neuromotor Development and Sensory Processing	Yes	No
q. Pain	Yes	No
r. Posture	Yes	No
s. Range of Motion	Yes	No
t. Reflex Integrity	Yes	No
u. Sensory Integrity	Yes	No
v. Skeletal Integrity	Yes	No
w. Ventilation and Respiration or Gas Exchange	Yes	No
7D20 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.	Yes	No
7D21 Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.	Yes	No
7D22 Determine a diagnosis that guides future patient/client management.	Yes	No
7D23 Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.	Yes	No
7D24 Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.	Yes	No
7D25 Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.	Yes	No
7D26 Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.	Yes	No
7D27 Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:	-	-
a. Airway Clearance Techniques	Yes	No
b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification	Yes	No
c. Biophysical Agents	Yes	No

CAPTE Standard	Applicable to CWT?	
d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life	Yes	No
e. Integumentary Repair and Protection	Yes	No
f. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)	Yes	No
g. Motor Function Training (balance, gait, etc.)	Yes	No
h. Patient/Client education	Yes	No
i. Therapeutic Exercise	Yes	No
7D28 Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.	Yes	No
7D29 Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.	Yes	No
7D30 Monitor and adjust the plan of care in response to patient/client status.	Yes	No
7D31 Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.	Yes	No
7D32 Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.	Yes	No
7D33 Respond effectively to patient/client and environmental emergencies in one's practice setting.	Yes	No
7D34 Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.	Yes	No
7D35 Provide care through direct access.	Yes	No
7D36 Participate in the case management process.	Yes	No
7D37 Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team	Yes	No
7D38 Participate in activities for ongoing assessment and improvement of quality services.	Yes	No
7D39 Participate in patient-centered interprofessional collaborative practice.	Yes	No
7D40 Use health informatics in the health care environment.	Yes	No
7D41 Assess health care policies and their potential impact on the healthcare environment and practice.	Yes	No
7D42 Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.	Yes	No

CAPTE Standard	Applicable to CWT?	
7D43 Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.	Yes	No
STANDARD 8 THE PROGRAM RESOURCES ARE SUFFICIENT TO MEET THE CURRENT AND PROJECTED NEEDS OF THE PROGRAM.		
8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes.	Yes	No
8B The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.	Yes	No
8C Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.	Yes	No
8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching, scholarship and service.	-	-
8D1 Classroom and laboratory environments are supportive of effective teaching and learning.	Yes	No
8D2 Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.	Yes	No
8D3 Students have access to laboratory space outside of scheduled class time for practice of clinical skills.	Yes	No
8D4 Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.	Yes	No
8D5 Technology resources meet the needs of the program.	Yes	No
8D6 Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.	Yes	No
8E The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.	Yes	No
8F The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists.	Yes	No
8G There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.	Yes	No
8H Academic services, counseling services, health services, disability services, and financial aid services are available to program students.	Yes	No

Open Ended Question:

1. For each of the CAPTE Standards listed below, please provide more detail around why the standard is or is not applicable to the evaluation of FEPTs using the CWT5.
 - a. Standard 1- related to the evaluation of program achievement measures and outcomes to meet goals
 - b. Standard 2 – related to program self-assessment and planning for program improvement
 - c. Standard 3 – related to institution and program integrity
 - d. Standard 4 – related to program faculty
 - e. Standard 5 – related to program recruitment and admission standards
 - f. Standard 6 – related to the curriculum plan
 - g. Standard 7 – related to the curriculum
 - h. Standard 8 – related to program resources for meeting current and projected needs

CAPTE Evaluation Exercise (PTA Tool (2007))

This exercise is designed to assess the appropriateness of using specific CAPTE standards to evaluate foreign physical therapist assistant transcripts using the current course work tool (the PTA Tool (2007)). On the following pages, you are presented with a table listing all CAPTE standards (in **column 1**) followed by two columns representing the following question:

- (**Columns 2 and 3**) Is the CAPTE standard applicable to the evaluation of foreign physical therapist assistant transcripts and curriculum using the PTA Tool (2007)?

Your task is to evaluate each of the listed CAPTE standards in terms of the question listed above. *The PTA Tool (2007) is provided as a supplementary document to assist you in answering these questions.*

Below is an example to illustrate how to complete this exercise:

CAPTE Standard	Applicable to PTA Tool?	
Hypothetical CAPTE standard 1	Yes	No
Hypothetical CAPTE standard 2	Yes	No

Based on the above example, hypothetical CAPTE standard 1 is a viable aspect to evaluate when using the PTA Tool, as indicated by a 'yes' in column 2 of the table. Hypothetical CAPTE standard 2 is not a viable aspect to evaluate when using the PTA Tool, as indicated by a 'no' in column 3.

Please let us know if you have any questions before beginning the exercise.

CAPTE Standard	Applicable to PTA Tool?	
STANDARD 1 THE PROGRAM MEETS GRADUATE ACHIEVEMENT MEASURES AND PROGRAM OUTCOMES RELATED TO ITS MISSION AND GOALS.		
1A The mission ¹ of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation ² of physical therapist assistants.	Yes	No
1B The program has documented goals ³ that are based on its mission, that reflect contemporary physical therapy education and practice, and that lead to expected program outcomes.	Yes	No
1C The program meets required student achievement measures ⁴ and its mission and goals as demonstrated by actual program outcomes.	-	-
1C1 Graduation rates ⁵ are at least 60%, averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 60%.	Yes	No
1C2 Ultimate licensure pass rates ⁶ are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.	Yes	No
1C3 Employment rates ⁷ are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.	Yes	No
1C4 Students demonstrate entry-level clinical performance prior to graduation.	Yes	No
1C5 The program graduates meet the expected outcomes as defined by the program.	Yes	No
1C6 The program meets expected outcomes related to its mission and goals.	Yes	No
STANDARD 2: THE PROGRAM IS ENGAGED IN EFFECTIVE, ON-GOING, FORMAL, COMPREHENSIVE PROCESSES FOR SELF-ASSESSMENT AND PLANNING FOR THE PURPOSE OF PROGRAM IMPROVEMENT.		
2A The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.	Yes	No

CAPTE Standard	Applicable to PTA Tool?	
2B For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:	-	-
2B1 the admissions process and criteria meet the needs and expectations of the program.	Yes	No
2B2 program enrollment appropriately reflects available resources, program outcomes and workforce needs.	Yes	No
2B3 the collective core, associated and clinical education faculty meet program and curricular needs.	Yes	No
2B4 program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.	Yes	No
2B5 program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.	Yes	No
2C The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.	Yes	No
2D The faculty is engaged in formal short and long term planning for the program which guides its future development. The planning process takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.	Yes	No
STANDARD 3: THE INSTITUTION AND PROGRAM OPERATE WITH INTEGRITY.		
3A The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.	Yes	No
3B The sponsoring institution(s) is (are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).	Yes	No
3C Institutional policies ⁸ related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and technical aspects of the physical therapist assistant program, including providing for reduction in teaching load for administrative functions.	Yes	No
3D Policies and procedures ⁹ exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.	Yes	No

CAPTE Standard	Applicable to PTA Tool?	
3E Policies, procedures, and practices ¹⁰ that affect the rights, responsibilities, safety, privacy, and dignity of program faculty ¹¹ and staff are written, disseminated, and applied consistently and equitably.	Yes	No
3F Policies, procedures, and practices exist for handling complaints ¹² that fall outside the realm of due process ¹³ , including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.	Yes	No
3G Program specific policies and procedures are compatible with institutional policies and with applicable law.	Yes	No
3H Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:	-	-
3H1 maintenance of accurate information, easily accessible ¹⁵ to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;	Yes	No
3H2 timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;	Yes	No
3H3 following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;	Yes	No
3H4 timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and	Yes	No
3H5 coming into compliance with accreditation criteria within two years of being determined to be out of compliance.	Yes	No
STANDARD 4: THE PROGRAM FACULTY ARE QUALIFIED FOR THEIR ROLES AND EFFECTIVE IN CARRYING OUT THEIR RESPONSIBILITIES.		
4A Each core faculty ¹⁸ member, including the program director and clinical education coordinator, has contemporary expertise ¹⁹ in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAS and who are teaching clinical PT content are licensed or regulated as a PT or PTA in the jurisdiction where the program exists.	Yes	No
4B Physical therapists and physical therapist assistants who are core faculty have a minimum of three years of full time ²⁰ (or equivalent) post-licensure clinical experience in physical therapy.	Yes	No
4C Each core faculty member has a record of institutional or professional service ²¹ .	Yes	No
4D Each associated ²² faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.	Yes	No
4E Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.	Yes	No
4F Regular evaluation of associated faculty occurs and results in a plan to address identified needs.	Yes	No

CAPTE Standard	Applicable to PTA Tool?	
<p>4G The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include all of the following:</p> <ul style="list-style-type: none"> • a minimum of a master's degree; • holds a current license/certification to practice in the jurisdiction where the program is located; • a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience; • didactic and/or clinical teaching experience; • experience in administration/management; • experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine credits of coursework in educational foundations. [Proviso: CAPTE will begin enforcing the expectation for post-professional course work in 2018. This will be monitored in the Annual Accreditation Report.] 	Yes	No
<p>4H The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.</p>	Yes	No
<p>4I The clinical education coordinator is a physical therapist or physical therapist assistant who holds current license or certification in the jurisdiction where the program is located and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice experience must include experience as a CCCE or CI in physical therapy, or a minimum of two years of experience in teaching, curriculum development and administration in a PT or PTA program.</p>	Yes	No
<p>4J The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.</p>	Yes	No
<p>4K The collective core and associated faculty include an effective blend of individuals who possess the appropriate educational preparation and clinical and/or professional experiences sufficient to meet program goals and expected student outcomes as related to program mission and institutional expectations and assigned program responsibilities.</p>	Yes	No
<p>4L The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.</p>	Yes	No
<p>4M The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.</p>	Yes	No
<p>4N The collective core faculty are responsible for determining that students are safe and ready to progress to clinical education.</p>	Yes	No
<p>4O Clinical instructors are licensed physical therapists or, if permitted by State Practice Act, licensed/certified physical therapist assistants, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.</p>	Yes	No

CAPTE Standard	Applicable to PTA Tool?	
STANDARD 5 THE PROGRAM RECRUITS, ADMITS AND GRADUATES STUDENTS CONSISTENT WITH THE MISSIONS AND GOALS OF THE INSTITUTION AND THE PROGRAM AND CONSISTENT WITH SOCIETAL NEEDS FOR PHYSICAL THERAPY SERVICES FOR A DIVERSE POPULATION.		
5A Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity ²⁶ of the student body.	Yes	No
5B Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.	Yes	No
5C Enrollment agreements ²⁷ , if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.	Yes	No
5D Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.	Yes	No
5E Policies, procedures, and practices related to student retention ²⁸ and student progression ²⁹ through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.	Yes	No
STANDARD 6: THE PROGRAM HAS A COMPREHENSIVE CURRICULUM PLAN.		
6A The comprehensive curriculum plan ³⁰ is based on: (1) information about the contemporary practice ³¹ of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.	Yes	No
6B The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based ³² .	Yes	No
6C The curriculum plan includes a description of the curriculum model ³³ and the educational principles on which it is built.	Yes	No
6D The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems ³⁴ , individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated ³⁵ and full-time terminal ³⁶ experiences.	Yes	No
6E The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	Yes	No
6F The curriculum plan includes learning objectives ³⁷ stated in behavioral terms that reflect the breadth and depth ³⁸ of the course content and describe the level of student performance expected.	Yes	No

CAPTE Standard	Applicable to PTA Tool?	
6G The curriculum plan includes a variety of effective instructional methods ³⁹ selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.	Yes	No
6H The curriculum plan includes a variety of effective tests and measures ⁴⁰ and evaluation processes ⁴¹ used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.	Yes	No
6I If the curriculum plan includes courses offered by distance education ⁴² methods, the program provides evidence ⁴³ that:	Yes	No
6I1 faculty teaching by distance are effective in the provision of distance education;	Yes	No
6I2 the rigor ⁴⁴ of the distance education courses is equivalent to that of site-based courses;	Yes	No
6I3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;	Yes	No
6I4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;	Yes	No
6I5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;	Yes	No
6I6 there is a mechanism for maintaining student privacy as appropriate;	Yes	No
6I7 students have been informed of any additional fees related to distance education; and	Yes	No
6I8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.	Yes	No
6J The curriculum plan includes clinical education experiences ⁴⁵ for each student that encompass, but are not limited to:	-	-
6J1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;	Yes	No
6J2 practice in settings representative of those in which physical therapy is commonly practiced;	Yes	No
6J3 involvement in interprofessional practice ⁴⁶	Yes	No
6J4 participation as a member of the PT and PTA team; and	Yes	No
6J5 other experiences that lead to the achievement of the program's defined expected student outcomes.	Yes	No
6K The curriculum for the PTA program, including all general education, pre-requisites, and technical education courses required for the degree, can be completed in no more than 5 semesters, 80 academic weeks, or 104 calendar weeks, including 520-720 hours of clinical education.	Yes	No
6L The institution awards the associate degree upon satisfactory completion of the physical therapist assistant education program or assures the associate degree is awarded by an affiliating college at the satisfactory completion of the physical therapist assistant education program.	Yes	No

CAPTE Standard	Applicable to PTA Tool?	
STANDARD 7 THE CURRICULUM INCLUDES CONTENT, LEARNING EXPERIENCES, AND STUDENT TESTING AND EVALUATION PROCESSES DESIGNED TO PREPARE STUDENTS TO ACHIEVE EDUCATIONAL OUTCOMES REQUIRED FOR INITIAL PRACTICE IN PHYSICAL THERAPY AND FOR LIFELONG LEARNING NECESSARY FOR FUNCTIONING WITHIN AN EVER-CHANGING HEALTH CARE ENVIRONMENT.		
7A The physical therapist assistant program curriculum requires a complement of academic general education ⁴⁷ coursework appropriate to the degree offered that includes written communication and biological, physical, behavioral and social sciences which prepare students for coursework in the technical program sequence. General education courses are courses not designated as applied general education ⁴⁸ coursework by the institution or program.	Yes	No
7B The physical therapist assistant program curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.	Yes	No
7C The technical education component of the curriculum includes content and learning experiences that prepares the student to work as an entry-level physical therapist assistant under the direction and supervision of the physical therapist.	Yes	No
7D Courses within the curriculum include content designed to prepare program students to:	-	-
7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.	Yes	No
7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations.	Yes	No
7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.	Yes	No
7D4 Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary.	Yes	No
7D5 Perform duties in a manner consistent with APTA's Values Based Behaviors for the Physical Therapist Assistant.	Yes	No
7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.	Yes	No
7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.	Yes	No
7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all work-related activities.	Yes	No
7D9 Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.	Yes	No
7D10 Identify basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance.	Yes	No
7D11 Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.	Yes	No
7D12 Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.	Yes	No

CAPTE Standard	Applicable to PTA Tool?	
7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.	Yes	No
7D14 Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.	Yes	No
7D15 Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).	Yes	No
7D16 Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.	Yes	No
7D17 Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.	Yes	No
7D18 Review health records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.	Yes	No
7D19 Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.	Yes	No
7D20 Report any changes in patient/client status or progress to the supervising physical therapist.	Yes	No
7D21 Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.	Yes	No
7D22 Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.	Yes	No
7D23 Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:	-	-
a. Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization	Yes	No
b. Application of Devices and Equipment: assistive / adaptive devices and prosthetic and orthotic devices	Yes	No
c. Biophysical Agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies	Yes	No
d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life	Yes	No
e. Manual Therapy Techniques: passive range of motion and therapeutic massage	Yes	No
f. Motor Function Training (balance, gait, etc.)	Yes	No
g. Patient/Client Education	Yes	No
h. Therapeutic Exercise	Yes	No
i. Wound Management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal	Yes	No
7D24 Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas:	-	-

CAPTE Standard	Applicable to PTA Tool?	
a. Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise)	Yes	No
b. Anthropometrical Characteristics: measurements of height, weight, length and girth	Yes	No
c. Mental Functions: detect changes in a patient's state of arousal, mentation and cognition)	Yes	No
d. Assistive Technology: identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment	Yes	No
e. Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility	Yes	No
f. Integumentary Integrity: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue	Yes	No
g. Joint Integrity and Mobility: detect normal and abnormal joint movement	Yes	No
h. Muscle Performance: measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone	Yes	No
i. Neuromotor Development: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions	Yes	No
j. Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations	Yes	No
k. Posture: determine normal and abnormal alignment of trunk and extremities at rest and during activities	Yes	No
l. Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device	Yes	No
m. Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others	Yes	No
n. Ventilation, Respiration and Circulation: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics	Yes	No
7D25 Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.	Yes	No
7D26 Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting.	Yes	No
7D27 Contribute to efforts to increase patient and healthcare provider safety.	Yes	No
7D28 Participate in the provision of patient-centered interprofessional collaborative care.	Yes	No
7D29 Participate in performance improvement activities (quality assurance).	Yes	No

CAPTE Standard	Applicable to PTA Tool?	
7D30 Describe aspects of organizational planning and operation of the physical therapy service.	Yes	No
7D31 Describe accurate and timely information for billing and payment purposes.	Yes	No
STANDARD 8 THE PROGRAM RESOURCES ARE SUFFICIENT TO MEET THE CURRENT AND PROJECTED NEEDS OF THE PROGRAM.		
8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. Minimally, the program employs at least two, preferably three, full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates.	Yes	No
8B The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.	Yes	No
8C Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.	Yes	No
8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching and service.	-	-
8D1 Classroom and laboratory environments are supportive of effective teaching and learning.	Yes	No
8D2 Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.	Yes	No
8D3 Students have access to laboratory space outside of scheduled class time for practice of clinical skills.	Yes	No
8D4 Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.	Yes	No
8D5 Technology resources meet the needs of the program.	Yes	No
8E The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.	Yes	No
8F The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare all students for their roles and responsibilities as physical therapist assistants.	Yes	No
8G There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.	Yes	No
8H Academic services, counseling services, health services, disability services, and financial aid services are available to program students.	Yes	No

Open Ended Question:

2. For each of the CAPTE Standards listed below, please provide more detail around why the standard is or is not applicable to the evaluation of FEPTs using the PTA Tool (2007).
 - a. Standard 1- related to the evaluation of program achievement measures and outcomes to meet goals
 - b. Standard 2 – related to program self-assessment and planning for program improvement
 - c. Standard 3 – related to institution and program integrity
 - d. Standard 4 – related to program faculty
 - e. Standard 5 – related to program recruitment and admission standards
 - f. Standard 6 – related to the curriculum plan
 - g. Standard 7 – related to the curriculum
 - h. Standard 8 – related to program resources for meeting current and projected needs

Appendix L: FSBPT CAPTE Review Results for PT and PTA

This appendix provides the results from the FSBPT review of CAPTE criteria in relation to both the PT (CWT5) and the PTA (PTA Tool 2007) coursework tools. A check mark (√) indicates at least one FSBPT SME selected the corresponding rating.

FSBPT Ratings for PT:

CAPTE Standard	Applicable to CWT5?	
	Yes	No
STANDARD 1 THE PROGRAM MEETS GRADUATE ACHIEVEMENT MEASURES AND PROGRAM OUTCOMES RELATED TO ITS MISSION AND GOALS.		
1A The mission ¹ of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation ² of physical therapists.		√
1B The program has documented goals ³ that are based on its mission, that reflect contemporary physical therapy education, research and practice, and that lead to expected program outcomes.		√
1C The program meets required student achievement measures ⁴ and its mission and goals as demonstrated by actual program outcomes.	-	-
1C1 Graduation rates ⁵ are at least 80% averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 80%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 80%.		√
1C2 Ultimate licensure pass rates ⁶ are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.		√
1C3 Employment rates ⁷ are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.		√
1C4 Students demonstrate entry-level clinical performance prior to graduation.	√	√
1C5 The program graduates meet the expected outcomes as defined by the program.		√
1C6 The program meets expected outcomes related to its mission and goals.		√

CAPTE Standard	Applicable to CWT5?	
	Yes	No
STANDARD 2: THE PROGRAM IS ENGAGED IN EFFECTIVE, ON-GOING, FORMAL, COMPREHENSIVE PROCESSES FOR SELF-ASSESSMENT AND PLANNING FOR THE PURPOSE OF PROGRAM IMPROVEMENT.		
2A The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.		√
2B For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:	-	-
2B1 the admissions process, criteria and prerequisites meet the needs and expectations of the program.		√
2B2 program enrollment appropriately reflects available resources, program outcomes and workforce needs.		√
2B3 the collective core, associated and clinical education faculty meet program and curricular needs.		√
2B4 program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.		√
2B5 program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.		√
2C The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of the physical therapy practitioner and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.		√
2D The program has implemented a strategic plan that guides its future development. The plan takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.		√
STANDARD 3: THE INSTITUTION AND PROGRAM OPERATE WITH INTEGRITY.		

CAPTE Standard	Applicable to CWT5?	
	Yes	No
3A The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.	√	√
3B The sponsoring institution(s) is (are) accredited by a regional accrediting agency recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).		√
3C Institutional policies related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and professional aspects of the physical therapy program, including providing for reduction in teaching load for administrative functions.		√
3D Policies and procedures exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.		√
3E Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program faculty and staff are written, disseminated, and applied consistently and equitably.		√
3F Policies, procedures, and practices exist for handling complaints that fall outside the realm of due process, including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.		√
3G Program specific policies and procedures are compatible with institutional policies and with applicable law.		√
3H Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:	-	-
3H1 maintenance of accurate information, easily accessible to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;		√
3H2 timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;		√
3H3 following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;		√
3H4 timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and		√
3H5 coming into compliance with accreditation criteria within two years of being determined to be out of compliance.		√
STANDARD 4: THE PROGRAM FACULTY ARE QUALIFIED FOR THEIR ROLES AND EFFECTIVE IN CARRYING OUT THEIR RESPONSIBILITIES.		

CAPTE Standard	Applicable to CWT5?	
	Yes	No
4A Each core faculty member, including the program director and clinical education coordinator, has doctoral preparation, contemporary expertise in assigned teaching areas, and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAs and who are teaching clinical PT content are licensed or regulated as a PT or PTA in the jurisdiction where the program exists. (PROVISO: CAPTE will begin enforcing the requirement for doctoral preparation of all core faculty effective January 1, 2020, except for individuals who are enrolled in an academic doctoral degree program on that date, in which case the effective date will be extended to December 31, 2025; this will be monitored in the Annual Accreditation Report.)		√
4B Each core faculty member has a well-defined, ongoing scholarly agenda that reflects contributions to: (1) the development or creation of new knowledge, OR (2) the critical analysis and review of knowledge within disciplines or the creative synthesis of insights contained in different disciplines or fields of study, OR (3) the application of findings generated through the scholarship of integration or discovery to solve real problems in the professions, industry, government, and the community, OR (4) the development of critically reflective knowledge about teaching and learning, OR (5) the identification and resolution of pressing social, civic, and ethical problems through the scholarship of engagement.		√
4C Each core faculty member has a record of institutional or professional service.		√
4D Each associated faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.		√
4E Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, scholarly activity and service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.		√
4F Regular evaluation of associated faculty occurs and results in a plan to address identified needs.		√
4G The program director demonstrates the academic and professional qualifications and relevant experience in higher education requisite for providing effective leadership for the program, the program faculty, and the students. These qualifications include all of the following: <ul style="list-style-type: none"> • is a physical therapist who holds a current license to practice in the jurisdiction where the program is located; • has an earned academic doctoral degree (program directors who have been determined by CAPTE as of January 1, 2016 to meet the 2006 Evaluative Criteria expectations without an academic doctoral degree may seek an exemption from this expectation); • holds the rank of associate professor, professor, clinical associate professor, or clinical professor; • has a minimum of six years of full time²⁶ higher education experience, with a minimum of three years of full-time experience in a physical therapist education program. 		√
4H The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.		√

CAPTE Standard	Applicable to CWT5?	
	Yes	No
4I The clinical education coordinator is a physical therapist who holds a current license to practice in the jurisdiction where the program is located and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical experience must include experience as a CCCE or CI in physical therapy, or minimum of two years of experience in teaching, curriculum development and administration in a physical therapy education program.		√
4J The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.		√
4K The collective core and associated faculty include an effective blend of individuals with doctoral preparation (including at least 50% of core faculty with academic doctoral degrees) and individuals with clinical specialization sufficient to meet program goals and expected program outcomes as related to program mission and institutional expectations and assigned program responsibilities.		√
4L The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.		√
4M The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.		√
4N The collective core faculty are responsible for determining that students are safe and ready to progress to clinical education.		√
4O Clinical instructors are licensed physical therapists, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.		√
STANDARD 5 THE PROGRAM RECRUITS, ADMITS AND GRADUATES STUDENTS CONSISTENT WITH THE MISSIONS AND GOALS OF THE INSTITUTION AND THE PROGRAM AND CONSISTENT WITH SOCIETAL NEEDS FOR PHYSICAL THERAPY SERVICES FOR A DIVERSE POPULATION.		
5A Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity ²⁹ of the student body.		√
5B Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.		√
5C Enrollment agreements, if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.		√
5D Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.		√

CAPTE Standard	Applicable to CWT5?	
	Yes	No
5E Policies, procedures, and practices related to student retention ³¹ and student progression ³² through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.		√
STANDARD 6: THE PROGRAM HAS A COMPREHENSIVE CURRICULUM PLAN.		
6A The comprehensive curriculum plan is based on: (1) information about the contemporary practice of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.	√	√
6B The curriculum plan includes an expectation that students enter the professional program with a baccalaureate degree. Alternatively, students may have three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution.	√	√
6C The specific prerequisite course work is determined by the program's curriculum plan.	√	√
6D The curriculum plan includes a description of the curriculum model ³⁵ and the educational principles on which it is built.		√
6E The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.		√
6F The didactic and clinical curriculum includes interprofessional education; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork. NOTE: this criterion will become effective January 1, 2018.	√	√
6G The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	√	√
6H The curriculum plan includes learning objectives stated in behavioral terms that reflect the breadth and depth of the course content and describe the level of student performance expected.		√
6I The curriculum plan includes a variety of effective instructional methods selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.		√
6J The curriculum plan includes a variety of effective tests and measures and evaluation processes used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.		√
6K If the curriculum plan includes courses offered by distance education ⁴⁵ methods, the program provides evidence that:	-	-

CAPTE Standard	Applicable to CWT5?	
	Yes	No
6K1 faculty teaching by distance are effective in the provision of distance education;		√
6K2 the rigor of the distance education courses is equivalent to that of site-based courses;	√	√
6K3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;		√
6K4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;		√
6K5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;		√
6K6 there is a mechanism for maintaining student privacy as appropriate;		√
6K7 students have been informed of any additional fees related to distance education; and		√
6K8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.		√
6L The curriculum plan includes clinical education experiences ⁴⁸ for each student that encompass, but are not limited to:	-	-
6L1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;	√	√
6L2 practice in settings representative of those in which physical therapy is commonly practiced;	√	√
6L3 involvement in interprofessional practice		√
6L4 direction and supervision of the physical therapist assistant and other physical therapy personnel; and	√	√
6L5 other experiences that lead to the achievement of the program's defined expected student outcomes.		√
6M The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or the equivalent) and is completed (including clinical education) in no less than 6 semesters or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.	√	
6N The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at satisfactory completion of the program.	√	√
STANDARD 7 THE CURRICULUM INCLUDES CONTENT, LEARNING EXPERIENCES, AND STUDENT TESTING AND EVALUATION PROCESSES DESIGNED TO PREPARE STUDENTS TO ACHIEVE EDUCATIONAL OUTCOMES REQUIRED FOR INITIAL PRACTICE IN PHYSICAL THERAPY AND FOR LIFELONG LEARNING NECESSARY FOR FUNCTIONING WITHIN AN EVER-CHANGING HEALTH CARE ENVIRONMENT.		

CAPTE Standard	Applicable to CWT5?	
	Yes	No
7A The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, histology, nutrition, and psychosocial aspects of health and disability.	√	
7B The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice and applied statistics.	√	
7C The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.	√	
7D The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:	-	-
7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.	√	
7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations.	√	√
7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.	√	√
7D4 Practice in a manner consistent with the APTA Code of Ethics.	√	√
7D5 Practice in a manner consistent with the APTA Core Values.	√	√
7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.	√	√
7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.	√	
7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.	√	√
7D9 Access and critically analyze scientific literature.	√	
7D10 Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.	√	
7D11 Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.	√	
7D12 Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.	√	
7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.	√	√

CAPTE Standard	Applicable to CWT5?	
	Yes	No
7D14 Advocate for the profession and the healthcare needs of society through legislative and political processes.	√	√
7D15 Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.	√	√
7D16 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.	√	
7D17 Obtain a history and relevant information from the patient/client and from other sources as needed.	√	
7D18 Perform systems review.	√	
7D19 Select, and competently administer tests and measures appropriate to the patient's age, diagnosis and health status including, but not limited to, those that assess:	-	-
a. Aerobic Capacity/Endurance	√	
b. Anthropometric Characteristics	√	
c. Assistive Technology	√	
d. Balance	√	
e. Circulation (Arterial, Venous, Lymphatic)	√	
f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life	√	
g. Cranial and Peripheral Nerve Integrity	√	
h. Environmental Factors	√	
i. Gait	√	
j. Integumentary Integrity	√	
k. Joint Integrity and Mobility	√	
l. Mental Functions	√	
m. Mobility (including Locomotion)	√	
n. Motor Function	√	
o. Muscle Performance (including Strength, Power, Endurance, and Length)	√	

CAPTE Standard	Applicable to CWT5?	
	Yes	No
p. Neuromotor Development and Sensory Processing	√	
q. Pain	√	
r. Posture	√	
s. Range of Motion	√	
t. Reflex Integrity	√	
u. Sensory Integrity	√	
v. Skeletal Integrity	√	
w. Ventilation and Respiration or Gas Exchange	√	
7D20 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.	√	
7D21 Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.	√	
7D22 Determine a diagnosis that guides future patient/client management.	√	
7D23 Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.	√	
7D24 Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.	√	
7D25 Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.	√	
7D26 Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.	√	
7D27 Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:	-	-
a. Airway Clearance Techniques	√	
b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification	√	
c. Biophysical Agents	√	
d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life	√	

CAPTE Standard	Applicable to CWT5?	
	Yes	No
e. Integumentary Repair and Protection	√	
f. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)	√	
g. Motor Function Training (balance, gait, etc.)	√	
h. Patient/Client education	√	
i. Therapeutic Exercise	√	
7D28 Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.	√	√
7D29 Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.	√	
7D30 Monitor and adjust the plan of care in response to patient/client status.	√	
7D31 Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.	√	
7D32 Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.	√	
7D33 Respond effectively to patient/client and environmental emergencies in one's practice setting.	√	
7D34 Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.	√	
7D35 Provide care through direct access.	√	√
7D36 Participate in the case management process.	√	√
7D37 Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team	√	√
7D38 Participate in activities for ongoing assessment and improvement of quality services.	√	√
7D39 Participate in patient-centered interprofessional collaborative practice.	√	√
7D40 Use health informatics in the health care environment.	√	√
7D41 Assess health care policies and their potential impact on the healthcare environment and practice.	√	√
7D42 Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.	√	

CAPTE Standard	Applicable to CWT5?	
	Yes	No
7D43 Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.	√	
STANDARD 8 THE PROGRAM RESOURCES ARE SUFFICIENT TO MEET THE CURRENT AND PROJECTED NEEDS OF THE PROGRAM.		
8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching, scholarship and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes.		√
8B The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.		√
8C Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.		√
8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching, scholarship and service.		-
8D1 Classroom and laboratory environments are supportive of effective teaching and learning.		√
8D2 Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.		√
8D3 Students have access to laboratory space outside of scheduled class time for practice of clinical skills.		√
8D4 Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.		√
8D5 Technology resources meet the needs of the program.		√
8D6 Core faculty have access to sufficient space and equipment to fulfill their scholarly agendas.		√
8E The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.		√
8F The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare students for their roles and responsibilities as physical therapists.		√
8G There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.		√
8H Academic services, counseling services, health services, disability services, and financial aid services are available to program students.		√

FSBPT Ratings for the PTA:

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
STANDARD 1 THE PROGRAM MEETS GRADUATE ACHIEVEMENT MEASURES AND PROGRAM OUTCOMES RELATED TO ITS MISSION AND GOALS.		
1A The mission ¹ of the program is written and compatible with the mission of the institution, with the unit(s) in which the program resides, and with contemporary preparation ² of physical therapist assistants.		√
1B The program has documented goals ³ that are based on its mission, that reflect contemporary physical therapy education and practice, and that lead to expected program outcomes.		√
1C The program meets required student achievement measures ⁴ and its mission and goals as demonstrated by actual program outcomes.	-	-
1C1 Graduation rates ⁵ are at least 60%, averaged over two years. If the program admits more than one cohort per year, the two year graduation rate for each cohort must be at least 60%. When two years of data are not available, the one-year graduation rate must be sufficient to allow the program to meet the expectation for a two-year graduation rate of at least 60%.		√
1C2 Ultimate licensure pass rates ⁶ are at least 85%, averaged over two years. If the program admits more than one cohort per year, the ultimate two-year licensure pass rate for each cohort must be at least 85%. When two years of data are not available, the one-year ultimate rate must be sufficient to allow the program to meet the expectation for an ultimate two-year licensure pass rate of at least 85%.		√
1C3 Employment rates ⁷ are at least 90%, averaged over two years. If the program admits more than one cohort per year, the two year employment rate for each cohort must be at least 90%. When two years of data are not available, the one-year employment rate must be sufficient to allow the program to meet the expectation for a two-year employment rate of at least 90%.		√
1C4 Students demonstrate entry-level clinical performance prior to graduation.	√	√
1C5 The program graduates meet the expected outcomes as defined by the program.		√
1C6 The program meets expected outcomes related to its mission and goals.		√
STANDARD 2: THE PROGRAM IS ENGAGED IN EFFECTIVE, ON-GOING, FORMAL, COMPREHENSIVE PROCESSES FOR SELF-ASSESSMENT AND PLANNING FOR THE PURPOSE OF PROGRAM IMPROVEMENT.		

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
2A The program has documented and implemented on-going, formal, and comprehensive assessment processes that are designed to determine program effectiveness and used to foster program improvement.		√
2B For each of the following, the program provides an analysis of relevant data and identifies needed program change(s) with timelines for implementation and reassessment. The assessment process is used to determine the extent to which:	-	-
2B1 the admissions process and criteria meet the needs and expectations of the program.		√
2B2 program enrollment appropriately reflects available resources, program outcomes and workforce needs.		√
2B3 the collective core, associated and clinical education faculty meet program and curricular needs.		√
2B4 program resources are meeting, and will continue to meet, current and projected program needs including, but not limited to, financial resources, staff, space, equipment, technology, materials, library and learning resources, and student services.		√
2B5 program policies and procedures, as well as relevant institutional policies and procedures meet program needs. This includes analysis of the extent to which program practices adhere to policies and procedures.		√
2C The curriculum assessment plan is written and addresses the curriculum as a whole. The assessment plan includes assessment of individual courses and clinical education. The plan incorporates consideration of the changing roles and responsibilities of physical therapist assistants and the dynamic nature of the profession and the health care delivery system. Assessment data are collected from appropriate stakeholders including, at a minimum, program faculty, current students, graduates of the program, and at least one other stakeholder group such as employers of graduates, consumers of physical therapy services, peers, or other health care professionals. The assessment addresses clinical education sites including, at a minimum, the number and variety and the appropriate length and placement within the curriculum.		√
2D The faculty is engaged in formal short and long term planning for the program which guides its future development. The planning process takes into account program assessment results, changes in higher education, the health care environment and the nature of contemporary physical therapy practice.		√
STANDARD 3: THE INSTITUTION AND PROGRAM OPERATE WITH INTEGRITY.		
3A The sponsoring institution(s) is (are) authorized under applicable state law or other acceptable authority to provide postsecondary education and has degree granting authority. In addition, the institution has been approved by appropriate state authorities to provide the physical therapy education program.	√	√
3B The sponsoring institution(s) is (are) accredited by an agency or association recognized by the US Department of Education (USDE) or by the Council for Higher Education Accreditation (CHEA).		√

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
3C Institutional policies ⁸ related to academic standards and to faculty roles and workload are applied to the program in a manner that recognizes and supports the academic and technical aspects of the physical therapist assistant program, including providing for reduction in teaching load for administrative functions.		√
3D Policies and procedures ⁹ exist to facilitate equal opportunity and nondiscrimination for faculty, staff and prospective/enrolled students.		√
3E Policies, procedures, and practices ¹⁰ that affect the rights, responsibilities, safety, privacy, and dignity of program faculty ¹¹ and staff are written, disseminated, and applied consistently and equitably.		√
3F Policies, procedures, and practices exist for handling complaints ¹² that fall outside the realm of due process ¹³ , including a prohibition of retaliation following complaint submission. The policies are written, disseminated, and applied consistently and equitably. Records of complaints about the program, including the nature of the complaint and the disposition of the complaint, are maintained by the program.		√
3G Program specific policies and procedures are compatible with institutional policies and with applicable law.		√
3H Program policies, procedures, and practices provide for compliance with accreditation policies and procedures including:	-	-
3H1 maintenance of accurate information, easily accessible ¹⁵ to the public, on the program website regarding accreditation status (including CAPTE logo and required accreditation statement) and current student achievement measures;		√
3H2 timely submission of required fees and documentation, including reports of graduation rates, performance on state licensing examinations, and employment rates;		√
3H3 following policies and procedures of CAPTE as outlined in the CAPTE Rules of Practice and Procedure;		√
3H4 timely notification of expected or unexpected substantive change(s) within the program and of any change in institutional accreditation status or legal authority to provide post-secondary education; and		√
3H5 coming into compliance with accreditation criteria within two years of being determined to be out of compliance.		√
STANDARD 4: THE PROGRAM FACULTY ARE QUALIFIED FOR THEIR ROLES AND EFFECTIVE IN CARRYING OUT THEIR RESPONSIBILITIES.		
4A Each core faculty ¹⁸ member, including the program director and clinical education coordinator, has contemporary expertise ¹⁹ in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation. In addition, core faculty who are PTs/PTAS and who are teaching clinical PT content are licensed or regulated as a PT or PTA in the jurisdiction where the program exists.		√
4B Physical therapists and physical therapist assistants who are core faculty have a minimum of three years of full time ²⁰ (or equivalent) post-licensure clinical experience in physical therapy.		√
4C Each core faculty member has a record of institutional or professional service ²¹ .		√
4D Each associated ²² faculty member has contemporary expertise in assigned teaching areas and demonstrated effectiveness in teaching and student evaluation.		√

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
4E Formal evaluation of each core faculty member occurs in a manner and timeline consistent with applicable institutional policy. The evaluation includes assessments of teaching, service, and any additional responsibilities. The evaluation results in an organized faculty development plan that is linked to the assessment of the individual core faculty member and to program improvement.		√
4F Regular evaluation of associated faculty occurs and results in a plan to address identified needs.		√
4G The program director is a physical therapist or physical therapist assistant who demonstrates an understanding of education and contemporary clinical practice appropriate for leadership in physical therapist assistant education. These qualifications include all of the following: <ul style="list-style-type: none"> • a minimum of a master's degree; • holds a current license/certification to practice in the jurisdiction where the program is located; • a minimum of five years (or equivalent), full-time, post licensure experience that includes a minimum of three years (or equivalent) of full-time clinical experience; • didactic and/or clinical teaching experience; • experience in administration/management; • experience in educational theory and methodology, instructional design, student evaluation and outcome assessment, including the equivalent of nine credits of coursework in educational foundations. [Proviso: CAPTE will begin enforcing the expectation for post-professional course work in 2018. This will be monitored in the Annual Accreditation Report.] 		√
4H The program director provides effective leadership for the program including, but not limited to, responsibility for communication, program assessment and planning, fiscal management, and faculty evaluation.		√
4I The clinical education coordinator is a physical therapist or physical therapist assistant who holds current license or certification in the jurisdiction where the program is located and has a minimum of three years of full-time post-licensure clinical practice. Two years of clinical practice experience must include experience as a CCCE or CI in physical therapy, or a minimum of two years of experience in teaching, curriculum development and administration in a PT or PTA program.		√
4J The clinical education coordinator is effective in developing, conducting, and coordinating the clinical education program.		√
4K The collective core and associated faculty include an effective blend of individuals who possess the appropriate educational preparation and clinical and/or professional experiences sufficient to meet program goals and expected student outcomes as related to program mission and institutional expectations and assigned program responsibilities.		√
4L The collective core faculty initiate, adopt, evaluate, and uphold academic regulations specific to the program and compatible with institutional policies, procedures and practices. The regulations address, but are not limited to, admission requirements; the clinical education program; grading policy; minimum performance levels, including those relating to professional and ethical behaviors; and student progression through the program.		√
4M The collective core faculty have primary responsibility for development, review and revision of the curriculum with input from other appropriate communities of interest.		√

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
4N The collective core faculty are responsible for determining that students are safe and ready to progress to clinical education.		√
4O Clinical instructors are licensed physical therapists or, if permitted by State Practice Act, licensed/certified physical therapist assistants, with a minimum of one year of full time (or equivalent) post-licensure clinical experience, and are effective role models and clinical teachers.		√
STANDARD 5 THE PROGRAM RECRUITS, ADMITS AND GRADUATES STUDENTS CONSISTENT WITH THE MISSIONS AND GOALS OF THE INSTITUTION AND THE PROGRAM AND CONSISTENT WITH SOCIETAL NEEDS FOR PHYSICAL THERAPY SERVICES FOR A DIVERSE POPULATION.		
5A Program policies, procedures, and practices related to student recruitment and admission are based on appropriate and equitable criteria and applicable law, are written and made available to prospective students, and are applied consistently and equitably. Recruitment practices are designed to enhance diversity ²⁶ of the student body.		√
5B Prospective and enrolled students are provided with relevant information about the institution and program that may affect them including, but not limited to, catalogs, handbooks, academic calendars, grading policies, total cost to student, financial aid, the program's accreditation status, the process to register a complaint with CAPTE, outcome information, and other pertinent print and/or electronic information. Materials related to the institution and program are accurate, comprehensive, current, and provided to students in a timely manner.		√
5C Enrollment agreements ²⁷ , if used, comply with institutional accrediting agency and state requirements and are only executed with a prospective student after disclosure of the information delineated in 5B and formal admission to the program has occurred.		√
5D Policies, procedures, and practices that affect the rights, responsibilities, safety, privacy, and dignity of program students are written and provided to students and applied consistently and equitably.		√
5E Policies, procedures, and practices related to student retention ²⁸ and student progression ²⁹ through the program are based on appropriate and equitable criteria and applicable law, are written and provided to students, and are applied consistently and equitably. Retention practices support a diverse student body.		√
STANDARD 6: THE PROGRAM HAS A COMPREHENSIVE CURRICULUM PLAN.		
6A The comprehensive curriculum plan ³⁰ is based on: (1) information about the contemporary practice ³¹ of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.		√
6B The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based ³² .	√	
6C The curriculum plan includes a description of the curriculum model ³³ and the educational principles on which it is built.		√

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
6D The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems ³⁴ , individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated ³⁵ and full-time terminal ³⁶ experiences.	√	√
6E The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	√	√
6F The curriculum plan includes learning objectives ³⁷ stated in behavioral terms that reflect the breadth and depth ³⁸ of the course content and describe the level of student performance expected.	√	√
6G The curriculum plan includes a variety of effective instructional methods ³⁹ selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.		√
6H The curriculum plan includes a variety of effective tests and measures ⁴⁰ and evaluation processes ⁴¹ used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.		√
6I If the curriculum plan includes courses offered by distance education ⁴² methods, the program provides evidence ⁴³ that:		√
6I1 faculty teaching by distance are effective in the provision of distance education;		√
6I2 the rigor ⁴⁴ of the distance education courses is equivalent to that of site-based courses;		√
6I3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;		√
6I4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;		√
6I5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;		√
6I6 there is a mechanism for maintaining student privacy as appropriate;		√
6I7 students have been informed of any additional fees related to distance education; and		√
6I8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.		√
6J The curriculum plan includes clinical education experiences ⁴⁵ for each student that encompass, but are not limited to:	-	-
6J1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;	√	√

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
6J2 practice in settings representative of those in which physical therapy is commonly practiced;	√	√
6J3 involvement in interprofessional practice ⁴⁶		√
6J4 participation as a member of the PT and PTA team; and		√
6J5 other experiences that lead to the achievement of the program's defined expected student outcomes.		√
6K The curriculum for the PTA program, including all general education, pre-requisites, and technical education courses required for the degree, can be completed in no more than 5 semesters, 80 academic weeks, or 104 calendar weeks, including 520-720 hours of clinical education.	√	√
6L The institution awards the associate degree upon satisfactory completion of the physical therapist assistant education program or assures the associate degree is awarded by an affiliating college at the satisfactory completion of the physical therapist assistant education program.		√
STANDARD 7 THE CURRICULUM INCLUDES CONTENT, LEARNING EXPERIENCES, AND STUDENT TESTING AND EVALUATION PROCESSES DESIGNED TO PREPARE STUDENTS TO ACHIEVE EDUCATIONAL OUTCOMES REQUIRED FOR INITIAL PRACTICE IN PHYSICAL THERAPY AND FOR LIFELONG LEARNING NECESSARY FOR FUNCTIONING WITHIN AN EVER-CHANGING HEALTH CARE ENVIRONMENT.		
7A The physical therapist assistant program curriculum requires a complement of academic general education ⁴⁷ coursework appropriate to the degree offered that includes written communication and biological, physical, behavioral and social sciences which prepare students for coursework in the technical program sequence. General education courses are courses not designated as applied general education ⁴⁸ coursework by the institution or program.	√	
7B The physical therapist assistant program curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.	√	
7C The technical education component of the curriculum includes content and learning experiences that prepares the student to work as an entry-level physical therapist assistant under the direction and supervision of the physical therapist.	√	√
7D Courses within the curriculum include content designed to prepare program students to:	-	-
7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.	√	
7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations.	√	√
7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.	√	
7D4 Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary.	√	

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
7D5 Perform duties in a manner consistent with APTA's Values Based Behaviors for the Physical Therapist Assistant.	√	
7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.	√	
7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.	√	
7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all work-related activities.	√	
7D9 Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.	√	
7D10 Identify basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance.	√	√
7D11 Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.	√	
7D12 Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.	√	
7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.		√
7D14 Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.	√	√
7D15 Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).	√	
7D16 Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.	√	√
7D17 Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.	√	
7D18 Review health records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.	√	
7D19 Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.	√	
7D20 Report any changes in patient/client status or progress to the supervising physical therapist.	√	
7D21 Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.	√	
7D22 Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.	√	
7D23 Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:	-	-
a. Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization	√	
b. Application of Devices and Equipment: assistive / adaptive devices and prosthetic and orthotic devices	√	

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
c. Biophysical Agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies	√	
d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life	√	
e. Manual Therapy Techniques: passive range of motion and therapeutic massage	√	
f. Motor Function Training (balance, gait, etc.)	√	
g. Patient/Client Education	√	
h. Therapeutic Exercise	√	
i. Wound Management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal	√	
7D24 Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas:	-	-
a. Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise)	√	
b. Anthropometrical Characteristics: measurements of height, weight, length and girth	√	
c. Mental Functions: detect changes in a patient's state of arousal, mentation and cognition)	√	
d. Assistive Technology: identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment	√	
e. Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility	√	
f. Integumentary Integrity: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue	√	
g. Joint Integrity and Mobility: detect normal and abnormal joint movement	√	√
h. Muscle Performance: measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone	√	
i. Neuromotor Development: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions	√	
j. Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations	√	
k. Posture: determine normal and abnormal alignment of trunk and extremities at rest and during activities	√	

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
l. Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device	√	
m. Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others	√	
n. Ventilation, Respiration and Circulation: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics	√	
7D25 Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.	√	
7D26 Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting.	√	
7D27 Contribute to efforts to increase patient and healthcare provider safety.	√	√
7D28 Participate in the provision of patient-centered interprofessional collaborative care.	√	√
7D29 Participate in performance improvement activities (quality assurance).	√	√
7D30 Describe aspects of organizational planning and operation of the physical therapy service.	√	√
7D31 Describe accurate and timely information for billing and payment purposes.	√	
STANDARD 8 THE PROGRAM RESOURCES ARE SUFFICIENT TO MEET THE CURRENT AND PROJECTED NEEDS OF THE PROGRAM.		
8A The collective core faculty is sufficient in number to allow each individual core faculty member to meet teaching and service expectations and to achieve the expected program outcomes through student advising and mentorship, admissions activities, educational administration, curriculum development, instructional design, coordination of the activities of the associated faculty, coordination of the clinical education program, governance, clinical practice, and evaluation of expected student outcomes and other program outcomes. Minimally, the program employs at least two, preferably three, full-time core faculty members dedicated to the PTA program. One of the full-time core faculty members must be a physical therapist who holds a license to practice in the jurisdiction where the program operates.		√
8B The program has, or has ensured access to, adequate secretarial/administrative and technical support services to meet expected program outcomes.		√
8C Financial resources are adequate to achieve the program's stated mission, goals, and expected program outcomes and to support the academic integrity and continuing viability of the program.		√
8D The program has, or has ensured access to, space, equipment, technology and materials of sufficient quality and quantity to meet program goals related to teaching and service.		-
8D1 Classroom and laboratory environments are supportive of effective teaching and learning.		√

CAPTE Standard	Applicable to PTA Tool?	
	Yes	No
8D2 Space is sufficient for faculty and staff offices, student advisement, conducting confidential meetings, storing office equipment and documents, and securing confidential materials.		√
8D3 Students have access to laboratory space outside of scheduled class time for practice of clinical skills.		√
8D4 Equipment and materials are typical of those used in contemporary physical therapy practice, are sufficient in number, are in safe working order, and are available when needed.		√
8D5 Technology resources meet the needs of the program.		√
8E The resources of the institutional library system and related learning resource centers are adequate to support the needs and meet the goals of the program, faculty and students.		√
8F The clinical sites available to the program are sufficient to provide the quality, quantity and variety of expected experiences to prepare all students for their roles and responsibilities as physical therapist assistants.	√	√
8G There are effective written agreements between the institution and the clinical education sites that are current and describe the rights and responsibilities of both parties. At a minimum, agreements address the purpose of the agreement; the objectives of the institution and the clinical education site in establishing the agreement; the rights and responsibilities of the institution and the clinical education site, including those related to responsibility for patient/client care and to responsibilities for supervision and evaluation of students; and the procedures to be followed in reviewing, revising, and terminating the agreement.		√
8H Academic services, counseling services, health services, disability services, and financial aid services are available to program students.		√

Appendix M: CAPTE Review Verification Exercise Results (PT and PTA)

CAPTE Criteria	Initial Rating	Verification Rating
<p>STANDARD 1: The program meets graduate achievement measures and program outcomes related to its mission and goals.</p>	<p>Not Relevant</p>	<p>Agree Disagree</p>
<p>RATIONALE:</p> <p>This is outside the scope of the course work tool. The CWT focuses on individuals; this standard is focused on the program. Furthermore, this info is likely not available with for many foreign education programs and could not be assessed – even if deemed relevant.</p> <p><i>Consensus of the group:</i> This standard is outside the scope of the CWT and there is no need to add any CAPTE criteria from this standard as a separate piece in the CWT.</p>		
<p>STANDARD 2: The program is engaged in effective, on-going, formal, comprehensive processes for self-assessment and planning for the purpose of program improvement.</p>	<p>Not Relevant</p>	<p>Agree Disagree</p>
<p>RATIONALE:</p> <p>The rationale for this standard is identical to that listed for Standard 1. The purpose of the CWT is to evaluate a candidate, not the program holistically.</p> <p><i>Consensus of the group:</i> This standard is outside the scope of the CWT and there is no need to add any CAPTE criteria from this standard as a separate piece in the CWT.</p> <p>The group noted, however, that this data could be considered in a broader evaluation. In other words, the board could look at the program success rate as a whole – outside of the CWT.</p>		
<p>STANDARD 3: The institution and program operate with integrity.</p>	<p>Not Relevant</p>	<p>Agree Disagree</p>
<p>RATIONALE:</p> <p>Integrity check are currently a part of the overall evaluation process (or should be) – checks on fraudulent documents, recognition of institution by appropriate agency within the country, etc.</p> <p>However, they are outside the scope of the CWT. Similar to the rationale discussed for previous standards, the CWT focuses on the individual not the program.</p> <p><i>Consensus of the group:</i> This standard is outside the scope of the CWT and there is no need to add any CAPTE criteria from this standard as a separate piece in the CWT.</p>		

CAPTE Criteria	Initial Rating	Verification Rating
<p>STANDARD 4: The program faculty are qualified for their roles and effective in carrying out their responsibilities.</p>	Not Relevant	<u>Agree</u> Disagree
<p>RATIONALE: The purpose of the CWT is to evaluate a candidate, not the program holistically. Furthermore, information evaluators would receive to evaluate curriculum would likely not speak to this standard.</p> <p><i>Consensus of the group:</i> This standard is outside the scope of the CWT and there is no need to add any CAPTE criteria from this standard as a separate piece in the CWT.</p> <p>The group noted, however, that this is highly relevant to the broader evaluation process – though may be difficult to assess.</p>		
<p>STANDARD 5: The program recruits, admits and graduates students consistent with the missions and goals of the institution and the program and consistent with societal needs for physical therapy services for a diverse population.</p>	Not Relevant	<u>Agree</u> Disagree
<p>RATIONALE: The purpose of the CWT is to evaluate a candidate, not the program holistically. Furthermore, it is not clear how one would evaluate this standard – what does ‘diverse population’ mean?</p> <p><i>Consensus of the group:</i> This standard is outside the scope of the CWT and there is no need to add any CAPTE criteria from this standard as a separate piece in the CWT.</p>		
<p>STANDARD 6: The program has a comprehensive curriculum plan.</p>	Somewhat Relevant	<u>Agree</u> Disagree
<p>RATIONALE: On the surface, this standard seems to only focus on the program and would thus be outside the scope of the CWT. However, upon review of the evaluative criteria, it somewhat applied. Especially in relation to:</p> <ul style="list-style-type: none"> • “The applicant” having a comprehensive curriculum plan • This incorporates the idea that CAPTE is looking at depth and breadth – which is part of the purpose of the CWT <p><i>Consensus of the group:</i> This standard is somewhat in scope of the CWT; therefore, some of the evaluative criteria need to be captured in the CWT.</p>		

CAPTE Criteria	Initial Rating	Verification Rating
<p>STANDARD 7: The curriculum includes content, learning experiences, and student testing and evaluation processes designed to prepare students to achieve educational outcomes required for initial practice in physical therapy and for lifelong learning necessary for functioning within an ever-changing health care environment.</p>	<p>Critical</p>	<p>Agree Disagree</p>
<p>RATIONALE: Although the foreign coursework may not be titled exactly as outlined in CAPTE, this standard is most relevant to the evaluation of foreign curriculum. This provides the guidance around the course content expected from PT and PTA programs.</p> <p><i>Consensus of the group:</i> This standard is within the scope of the CWT; therefore, the evaluative criteria need to be captured in the CWT.</p>		
<p>STANDARD 8: The program resources are sufficient to meet the current and projected needs of the program.</p>	<p>Not Relevant</p>	<p>Agree Disagree</p>
<p>RATIONALE: The purpose of the CWT is to evaluate a candidate, not the program holistically. Furthermore, variations in foreign resources would be difficult to evaluate. That said, the group noted that this standard would impact what materials were submitted by candidates. So, in a way, they would be indirectly assessing this through the evaluation of the course content.</p> <p><i>Consensus of the group:</i> This standard is outside the scope of the CWT and there is no need to add any CAPTE criteria from this standard as a separate piece in the CWT.</p>		

Appendix N: CAPTE/CWT Linkage Exercise and Discussion Notes

PT CAPTE to CWT Linkage Results and Notes

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
STANDARD 6: THE PROGRAM HAS A COMPREHENSIVE CURRICULUM PLAN.			
6A The comprehensive curriculum plan is based on: (1) information about the contemporary practice of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.	Yes <u>No</u>		
<i>This is program evaluation, not individual evaluation. Out-of-scope for the CWT.</i>			
6B The curriculum plan includes an expectation that students enter the professional program with a baccalaureate degree. Alternatively, students may have three years of undergraduate education that includes in-depth upper division study in one discipline comparable to a minor at the institution.	<u>Yes</u> No	Summary section; credit evaluation	
<i>Tool doesn't directly cover. Need a translational bridge that addresses credits and degree equivalence. Potential add to guidelines</i>			
6C The specific prerequisite course work is determined by the program's curriculum plan.	Yes <u>No</u>		
<i>Tool doesn't collection this information. Out-of-scope for the CWT.</i>			
6D The curriculum plan includes a description of the curriculum model ³⁵ and the educational principles on which it is built.	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6E The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes, including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems, individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated and full-time terminal experiences.	Yes <u>No</u>		
<i>This is program evaluation, not individual evaluation. Out-of-scope for the CWT.</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
6F The didactic and clinical curriculum includes interprofessional education; learning activities are directed toward the development of interprofessional competencies including, but not limited to, values/ethics, communication, professional roles and responsibilities, and teamwork. NOTE: this criterion will become effective January 1, 2018.	Yes <u>No</u>		
<i>The tool does not capture any specifics to this. Not sure how easy it will be to gather from transcripts. That said, probably a best practice to get this. Add language for this.</i>			
6G The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6H The curriculum plan includes learning objectives stated in behavioral terms that reflect the breadth and depth of the course content and describe the level of student performance expected.	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6I The curriculum plan includes a variety of effective instructional methods selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6J The curriculum plan includes a variety of effective tests and measures and evaluation processes used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6K If the curriculum plan includes courses offered by distance education ⁴⁵ methods, the program provides evidence that:	-	-	-
<i>Out-of-scope for the CWT.</i>			
6K1 faculty teaching by distance are effective in the provision of distance education;	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6K2 the rigor of the distance education courses is equivalent to that of site-based courses;	Yes <u>No</u>		

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
<i>Out-of-scope for the CWT.</i>			
6K3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6K4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6K5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6K6 there is a mechanism for maintaining student privacy as appropriate;	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6K7 students have been informed of any additional fees related to distance education; and	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6K8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
6L The curriculum plan includes clinical education experiences ⁴⁸ for each student that encompass, but are not limited to:	-	-	-
<i>Out-of-scope for the CWT.</i>			
6L1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;	Yes <u>No</u>		
<i>Need to add language to tool</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
6L2 practice in settings representative of those in which physical therapy is commonly practiced;	Yes No		
<i>Need to be careful that we don't have an impossible standard. This is outside the scope of the CWT.</i>			
6L3 involvement in interprofessional practice	Yes No		
<i>Covered, but not directly. Edit the clinical education section to cover.</i>			
6L4 direction and supervision of the physical therapist assistant and other physical therapy personnel; and	Yes No		
<i>PTAs specifically may not exist overseas. Can add some language to get at direction or supervision, but not the specific reference to PTAs.</i>			
6L5 other experiences that lead to the achievement of the program's defined expected student outcomes.	Yes No		
<i>Out-of-scope for the CWT.</i>			
6M The series of courses included in the professional curriculum is comprised of at least 90 semester credit hours (or the equivalent) and is completed (including clinical education) in no less than 6 semesters or the equivalent. The clinical education component of the curriculum includes a minimum of 30 weeks of full-time clinical education experiences.	Yes No	In credit identification section.	
<i>Need to update.</i>			
6N The institution awards the Doctor of Physical Therapy (DPT) as the first professional degree for physical therapists at satisfactory completion of the program.	Yes No	Whole document	
<i>Make sure changes reflect this at the end.</i>			
STANDARD 7 THE CURRICULUM INCLUDES CONTENT, LEARNING EXPERIENCES, AND STUDENT TESTING AND EVALUATION PROCESSES DESIGNED TO PREPARE STUDENTS TO ACHIEVE EDUCATIONAL OUTCOMES REQUIRED FOR INITIAL PRACTICE IN PHYSICAL THERAPY AND FOR LIFELONG LEARNING NECESSARY FOR FUNCTIONING WITHIN AN EVER-CHANGING HEALTH CARE ENVIRONMENT.			
7A The physical therapist professional curriculum includes content and learning experiences in the biological, physical, behavioral and movement sciences necessary for entry level practice. Topics covered include anatomy, physiology, genetics, exercise science, biomechanics, kinesiology, neuroscience, pathology, pharmacology, histology, nutrition, and psychosocial aspects of health and disability.	Yes No	A. Basic Health	

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
<i>Some of this may be missing, need to edit items. New CAPTE changes coming will add in Diagnostic Imaging – add in.</i>			
7B The physical therapist professional curriculum includes content and learning experiences in communication, ethics and values, management, finance, teaching and learning, law, clinical reasoning, evidenced-based practice and applied statistics.	Yes No	Prof. Coursework	
<i>Needs edits.</i>			
7C The physical therapist professional curriculum includes content and learning experiences about the cardiovascular, endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary, lymphatic, musculoskeletal, nervous, respiratory, and renal and urologic systems; system interactions; differential diagnosis; and the medical and surgical conditions across the lifespan commonly seen in physical therapy practice.	Yes No	Prof. Ed and Med Science	
<i>Needs edits. There are missing components from the tool.</i>			
7D The physical therapist professional curriculum includes content and learning experiences designed to prepare students to achieve educational outcomes required for initial practice of physical therapy. Courses within the curriculum include content designed to prepare program students to:	-	-	-
7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.	Yes No	F8/F2	
<i>Need to add language; ensure this doesn't have a US bias to it.</i>			
7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations.	Yes No	F8	
<i>Need to add language. Advocacy needs to be included, as well as compliance (more legal than regulatory)</i>			
7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.	Yes No	F8	
<i>Included but not specific. Need to add language.</i>			
7D4 Practice in a manner consistent with the APTA Code of Ethics.	Yes No	F8	
<i>This is covered, but not specifically. Need to add language.</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D5 Practice in a manner consistent with the APTA Core Values.	Yes <u>No</u>	F8 and 1	
<i>May need to add language around professional behaviors or ethical behaviors.</i>			
7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.	<u>Yes</u> No	F8	
<i>This is covered, but not specifically. May need to add language.</i>			
7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.	<u>Yes</u> No	F1 and 7	
<i>Question about teamwork. Need to look at language and maybe provide updates.</i>			
7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all professional activities.	<u>Yes</u> No	F11	
<i>This is covered, but may need to incorporate a terminology change.</i>			
7D9 Access and critically analyze scientific literature.	<u>Yes</u> No	F4	
<i>May be an opportunities to add evidence based practice to guidelines.</i>			
7D10 Apply current knowledge, theory, and professional judgment while considering the patient/client perspective, the environment, and available resources.	<u>Yes</u> No	F1 and 4	
<i>May need to edit language.</i>			
7D11 Identify, evaluate and integrate the best evidence for practice with clinical judgment and patient/client values, needs, and preferences to determine the best care for a patient/client.	<u>Yes</u> No	F1 and 4	
<i>This incorporates D9 and D10. That said, environment is missing. Maybe add language to tool.</i>			
7D12 Effectively educate others using teaching methods that are commensurate with the needs of the learner, including participation in the clinical education of students.	<u>Yes</u> No	F5	
<i>Add language from this to the guidelines.</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.	<u>Yes</u> No	Not specific, but broad coverage.	
<i>May not be needed as a stand-alone as it is already covered. Consider edits.</i>			
7D14 Advocate for the profession and the healthcare needs of society through legislative and political processes.	Yes <u>No</u>		
<i>Potentially add. Look at professional behaviors.</i>			
7D15 Identify career development and lifelong learning opportunities, including the role of the physical therapist in the clinical education of physical therapist students.	Yes <u>No</u>		
<i>Not critical. Perhaps a values section addition.</i>			
7D16 Determine when patients/clients need further examination or consultation by a physical therapist or referral to another health care professional.	<u>Yes</u> No	F12	
<i>Language could be better. Screening covers this; add referral?</i>			
7D17 Obtain a history and relevant information from the patient/client and from other sources as needed.	<u>Yes</u> No	C1-5	
<i>Reorganize tool to better address this (and others)?</i>			
7D18 Perform systems review.	<u>Yes</u> No	C1-5	
<i>Needs more specificity. Exam guide – history, review of systems. Edit items.</i>			
7D19 Select, and competently administer tests and measures appropriate to the patient’s age, diagnosis and health status including, but not limited to, those that assess:	-	-	-
a. Aerobic Capacity/Endurance	<u>Yes</u> No	Exam Eval 1	
<i>Consider minor edits.</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
b. Anthropometric Characteristics	<u>Yes</u> No	E&E 2	
<i>Consider minor edits.</i>			
c. Assistive Technology	<u>Yes</u> No	E&E 4	
<i>Consider minor edits.</i>			
d. Balance	<u>Yes</u> No	E&E 9	
<i>Consider minor edits.</i>			
e. Circulation (Arterial, Venous, Lymphatic)	<u>Yes</u> No	E&E 23	
<i>Consider minor edits.</i>			
f. Self-Care and Civic, Community, Domestic, Education, Social and Work Life	<u>Yes</u> No	E&E 21	
<i>Consider minor edits.</i>			
g. Cranial and Peripheral Nerve Integrity	<u>Yes</u> No	E&E 6 and 21	
<i>Not complete. Add language.</i>			
h. Environmental Factors	<u>Yes</u> No	E&E 7	
<i>Covered by barriers. Consider minor edits.</i>			
i. Gait	<u>Yes</u> No	E&E 9	
<i>Consider minor edits.</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
j. Integumentary Integrity	<u>Yes</u> No	E&E 10	
<i>Consider minor edits.</i>			
k. Joint Integrity and Mobility	<u>Yes</u> No	E&E 11	
<i>Consider minor edits.</i>			
l. Mental Functions	<u>Yes</u> No	E&E 3	
<i>Consider minor edits.</i>			
m. Mobility (including Locomotion)	<u>Yes</u> No	E&E 9/11/13	
<i>Consider minor edits.</i>			
n. Motor Function	<u>Yes</u> No	E&E 12	
<i>Consider minor edits.</i>			
o. Muscle Performance (including Strength, Power, Endurance, and Length)	<u>Yes</u> No	E&E 13	
<i>Consider minor edits.</i>			
p. Neuromotor Development and Sensory Processing	<u>Yes</u> No	E&E 14/22	
<i>Consider minor edits.</i>			
q. Pain	<u>Yes</u> No	E&E 16	
<i>Consider minor edits.</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
r. Posture	<u>Yes</u> No	E&E 17	
<i>Consider minor edits.</i>			
s. Range of Motion	<u>Yes</u> No	E&E 19	
<i>Consider minor edits.</i>			
t. Reflex Integrity	<u>Yes</u> No	E&E 20	
<i>Consider minor edits.</i>			
u. Sensory Integrity	<u>Yes</u> No	E&E 22/20	
<i>Consider minor edits.</i>			
v. Skeletal Integrity	<u>Yes</u> No	E&E 29/11	
<i>Needs different language. Consider minor edits.</i>			
w. Ventilation and Respiration or Gas Exchange	<u>Yes</u> No	E&E 23	
<i>Consider minor edits.</i>			
7D20 Evaluate data from the examination (history, health record, systems review, and tests and measures) to make clinical judgments.	<u>Yes</u> No	Section C	
<i>Missing what to do with the data. Add language.</i>			
7D21 Use the International Classification of Function (ICF) to describe a patient's/client's impairments, activity and participation limitations.	Yes <u>No</u>		
<i>Not needed in CWT.</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D22 Determine a diagnosis that guides future patient/client management.	Yes <u>No</u>		
<i>In C's evaluating data, but not specific. Need to add.</i>			
7D23 Determine patient/client goals and expected outcomes within available resources (including applicable payment sources) and specify expected length of time to achieve the goals and outcomes.	Yes <u>No</u>		
<i>Not covered as written. Need to add language.</i>			
7D24 Establish a safe and effective plan of care in collaboration with appropriate stakeholders, including patients/clients, family members, payors, other professionals and other appropriate individuals.	Yes <u>No</u>		
<i>Not covered as written. Need to add language.</i>			
7D25 Determine those components of the plan of care that may, or may not, be directed to the physical therapist assistant (PTA) based on (a) the needs of the patient/client, (b) the role, education, and training of the PTA, (c) competence of the individual PTA, (d) jurisdictional law, (e) practice guidelines policies, and (f) facility policies.	<u>Yes</u> No	F12	
<i>Weakly implied. Need to add language. Use this to update guidelines.</i>			
7D26 Create a discontinuation of episode of care plan that optimizes success for the patient in moving along the continuum of care.	Yes <u>No</u>		
<i>Missing. Add.</i>			
7D27 Competently perform physical therapy interventions to achieve patient/client goals and outcomes. Interventions include:	-	-	-
a. Airway Clearance Techniques	<u>Yes</u> No	Intervention	
<i>Consider minor edits.</i>			
b. Assistive Technology: Prescription, Application, and, as appropriate, Fabrication or Modification	<u>Yes</u> No	Evaluation	
<i>In Evaluation, but not Intervention. Need to edit this.</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
c. Biophysical Agents	<u>Yes</u> No	Generally covered	
<i>High liability area. Need to look at language and possibly edit.</i>			
d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life	<u>Yes</u> No	Interven.	
<i>Consider minor edits.</i>			
e. Integumentary Repair and Protection	<u>Yes</u> No	Interven.	
<i>Consider minor edits.</i>			
f. Manual Therapy Techniques (including mobilization/manipulation thrust and nonthrust techniques)	<u>Yes</u> No	Interven.	
<i>Need to add language on this. And, need to add to guidelines.</i>			
g. Motor Function Training (balance, gait, etc.)	<u>Yes</u> No	Evaluation	
<i>Need to add language and examples.</i>			
h. Patient/Client education	<u>Yes</u> No	Interven.	
<i>Consider minor edits.</i>			
i. Therapeutic Exercise	<u>Yes</u> No	Interven.	
<i>Consider minor edits.</i>			
7D28 Manage the delivery of the plan of care that is consistent with professional obligations, interprofessional collaborations, and administrative policies and procedures of the practice environment.	<u>Yes</u> No	F2	
<i>Missing plan of care. Need to add language.</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D29 Delineate, communicate and supervise those areas of the plan of care that will be directed to the PTA.	Yes No	See below	
<i>Not specifically covered. Need to add. Add in guidelines plan of care management.</i>			
7D30 Monitor and adjust the plan of care in response to patient/client status.	Yes No		
<i>Missing. Add.</i>			
7D31 Assess patient outcomes, including the use of appropriate standardized tests and measures that address impairments, functional status and participation.	Yes No		
<i>Stretch is covered, but assessment of outcomes is not. Add</i>			
7D32 Complete accurate documentation related to 7D15 - 7D30 that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.	Yes No		
<i>There is a weak link in the CWT – in F6. Change language.</i>			
7D33 Respond effectively to patient/client and environmental emergencies in one's practice setting.	Yes No	F10	
7D34 Provide physical therapy services that address primary, secondary and tertiary prevention, health promotion, and wellness to individuals, groups, and communities.	Yes No	See below	
<i>Generally covered, but pieces are missing. Add language.</i>			
7D35 Provide care through direct access.	Yes No		
<i>This is a danger for the public. Could be covered in F1; language needs to be added.</i>			
7D36 Participate in the case management process.	Yes No		
<i>Maybe in F2. Plan of care issues need to be discussed. Add language.</i>			

CAPTE Criteria/Standards	Reflected in CWT5?	Primary Section	Secondary Section
7D37 Assess and document safety risks of patients and the healthcare provider and design and implement strategies to improve safety in the healthcare setting as an individual and as a member of the interprofessional healthcare team	Yes <u>No</u>		
<i>Need to edit existing language to include interprofessional.</i>			
7D38 Participate in activities for ongoing assessment and improvement of quality services.	<u>Yes</u> No	F2	
<i>Need to look at the guidelines for this one.</i>			
7D39 Participate in patient-centered interprofessional collaborative practice.	Yes <u>No</u>		
<i>Need to edit language to include interprofessional.</i>			
7D40 Use health informatics in the health care environment.	Yes <u>No</u>		
<i>Out-of-scope for the CWT.</i>			
7D41 Assess health care policies and their potential impact on the healthcare environment and practice.	Yes <u>No</u>		
<i>May not be needed. Discuss and consider language changes.</i>			
7D42 Participate in the financial management of the practice setting, including accurate billing and payment for services rendered.	<u>Yes</u> No	F2	
<i>Consider minor edits.</i>			
7D43 Participate in practice management, including marketing, public relations, regulatory and legal requirements, risk management, staffing and continuous quality improvement.	<u>Yes</u> No	F2	
<i>Consider minor edits.</i>			

- Are any of the covered CAPTE criteria/standards inadequately covered by the CWT5?
 - *Yes. Need to look at language to ensure multi-system and life span issues, research and evidence based practice, technology, plan of care, and interprofessional are covered.*

- Are there any items of the CWT5 that are no longer appropriate to include (i.e., should be removed)?
 - *Edits are needed to many items to make them in-line with new standards of evidence.*

- Other Discussion Points
 - *Despite not being covered in current Standards list, diagnostic imaging should be added to the CWT. CAPTE will be coming back out with this included in the near future.*

PTA CAPTE to CWT Linkage Results and Notes

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
STANDARD 6: THE PROGRAM HAS A COMPREHENSIVE CURRICULUM PLAN.			
6A The comprehensive curriculum plan ³⁰ is based on: (1) information about the contemporary practice ³¹ of physical therapy; (2) standards of practice; and (3) current literature, documents, publications, and other resources related to the profession, to the delivery of health care services, to physical therapy education, and to educational theory.	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6B The curriculum plan includes courses in general education and basic sciences that prepare the student for the technical courses, or competencies, if the program is competency based ³² .	<u>Yes</u> No	FS-A-D	
<i>Yes – Yes, it is accurately and completely captured by the PTA tool 2007.</i>			
6C The curriculum plan includes a description of the curriculum model ³³ and the educational principles on which it is built.	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6D The curriculum plan includes a series of organized, sequential and integrated courses designed to facilitate achievement of the expected student outcomes including the expected student learning outcomes described in Standard 7. The curriculum includes organized sequences of learning experiences that prepare students to provide physical therapy care to individuals with diseases/disorders involving the major systems ³⁴ , individuals with multiple system disorders, and individuals across the lifespan and continuum of care, including individuals with chronic illness. The clinical education component provides organized and sequential experiences coordinated with the didactic component of the curriculum. Clinical education includes both integrated ³⁵ and full-time terminal ³⁶ experiences.	Yes <u>No</u>		
<i>No, but refer to this in context to 7 ‘across the lifespan’. Have discussion on this point.</i>			
6E The curriculum plan includes course syllabi that are comprehensive and inclusive of all CAPTE expectations.	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6F The curriculum plan includes learning objectives ³⁷ stated in behavioral terms that reflect the breadth and depth ³⁸ of the course content and describe the level of student performance expected.	Yes <u>No</u>		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
<i>Not directly, but could infer this from elements of 7. Doesn't have to be there at any rate. If do make modification to depths of 7, might be covered anyways.</i>			
<i>Out-of-scope for the CWT</i>			
6G The curriculum plan includes a variety of effective instructional methods ³⁹ selected to maximize learning. Instructional methods are chosen based on the nature of the content, the needs of the learners, and the defined expected student outcomes.	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6H The curriculum plan includes a variety of effective tests and measures ⁴⁰ and evaluation processes ⁴¹ used by faculty to determine whether students have achieved the learning objectives. Regular, individual testing and evaluation of student performance in the cognitive, psychomotor, and affective domains is directly related to learning objectives and includes expectations for safe practice during clinical education experiences.	Yes <u>No</u>		
<i>No – but if possible revisions to guidelines</i>			
6I If the curriculum plan includes courses offered by distance education ⁴² methods, the program provides evidence ⁴³ that:	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6I1 faculty teaching by distance are effective in the provision of distance education;	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6I2 the rigor ⁴⁴ of the distance education courses is equivalent to that of site-based courses;	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6I3 student performance meets the expectations of the faculty as described in course syllabi and demonstrated in student assessment;	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6I4 there is a mechanism for determining student identity during course activities and when testing occurs at a distance;	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
6I5 there is a mechanism for maintaining test security and integrity when testing occurs at a distance;	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6I6 there is a mechanism for maintaining student privacy as appropriate;	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6I7 students have been informed of any additional fees related to distance education; and	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6I8 distance education students have access to academic, health, counseling, disability and financial aid services commensurate with services that students receive on campus.	Yes <u>No</u>		
<i>Out-of-scope for the CWT</i>			
6J The curriculum plan includes clinical education experiences ⁴⁵ for each student that encompass, but are not limited to:	-	-	-
6J1 management of patients/clients with diseases and conditions representative of those commonly seen in practice across the lifespan and the continuum of care;	Yes <u>No</u>		
<i>Should be included. Is close to being referenced in Int-E. Wording in the actual tool needs to be addressed.</i>			
6J2 practice in settings representative of those in which physical therapy is commonly practiced;	Yes <u>No</u>		
<i>Should be included. Is close to being referenced in Int-E.</i>			
6J3 involvement in interprofessional practice ⁴⁶	Yes <u>No</u>		
<i>Should be included. Is close to being referenced in Int-E.</i>			
6J4 participation as a member of the PT and PTA team; and	Yes <u>No</u>		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
<i>Should be included. Is close to being referenced in Int-E.</i>			
6J5 other experiences that lead to the achievement of the program's defined expected student outcomes.	Yes No		
Out-of-scope for the CWT			
6K The curriculum for the PTA program, including all general education, pre-requisites, and technical education courses required for the degree, can be completed in no more than 5 semesters, 80 academic weeks, or 104 calendar weeks, including 520-720 hours of clinical education.	Yes No	Int-E	
<i>Confirm the hours. Hours are mentioned in E, rest covered before the tool.</i>			
6L The institution awards the associate degree upon satisfactory completion of the physical therapist assistant education program or assures the associate degree is awarded by an affiliating college at the satisfactory completion of the physical therapist assistant education program.	Yes No		
<i>Yes – Yes, it is accurately and completely captured by the PTA tool 2007.</i>			
STANDARD 7 THE CURRICULUM INCLUDES CONTENT, LEARNING EXPERIENCES, AND STUDENT TESTING AND EVALUATION PROCESSES DESIGNED TO PREPARE STUDENTS TO ACHIEVE EDUCATIONAL OUTCOMES REQUIRED FOR INITIAL PRACTICE IN PHYSICAL THERAPY AND FOR LIFELONG LEARNING NECESSARY FOR FUNCTIONING WITHIN AN EVER-CHANGING HEALTH CARE ENVIRONMENT.			
7A The physical therapist assistant program curriculum requires a complement of academic general education ⁴⁷ coursework appropriate to the degree offered that includes written communication and biological, physical, behavioral and social sciences which prepare students for coursework in the technical program sequence. General education courses are courses not designated as applied general education ⁴⁸ coursework by the institution or program.	Yes No	FS-A2; AS-a1, 2, &3	FS-A-C, 1d
<p><i>Why yes? FS-A through FA-C, with some saying FA-D. Seems as though all is covered. PTA has aspects not covered in CAPTE, but not other way around. Want to dig into the part about preparing students for technical program sequence. Which of the C courses truly do that.</i></p> <p><i>Some revision of CWT to map more specifically onto courses mentioned.</i></p> <p><i>Yes, but CWT included additional sections in the gen. ed. section that may need removal. The group decided to review all the CAPTE before making that determination.</i></p>			
7B The physical therapist assistant program curriculum includes content and learning experiences about the cardiovascular , endocrine and metabolic, gastrointestinal, genital and reproductive, hematologic, hepatic and biliary, immune, integumentary , lymphatic, musculoskeletal , nervous , respiratory , and renal and urologic systems; and the medical and surgical conditions across the lifespan commonly seen by physical therapist assistants.	Yes No	AS-a1 and a2	

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
<p><i>Question: is physiology separate from med-surg? Only bolded are in CWT for sure; bolded and italic is questionable since listed under data collection and may mean something else.</i></p> <p><i>Some revision of CWT to map more specifically onto courses mentioned.</i></p>			
<p>7C The technical education component of the curriculum includes content and learning experiences that prepares the student to work as an entry-level physical therapist assistant under the direction and supervision of the physical therapist.</p>	<p>Yes No</p>	<p>DC- F1</p>	
<p><i>Nothing specifically designates the supervision aspect, and something that is often lacking abroad. Many don't understand role of PTA because not commonly represented as a position. Even if F1 does cover, may not be correctly emphasizing the importance of this.</i></p> <p><i>Consensus on Yes, with caveat to revise CWT.</i></p>			
<p>7D Courses within the curriculum include content designed to prepare program students to:</p>	<p>-</p>	<p>-</p>	<p>-</p>
<p>7D1 Adhere to legal practice standards, including all federal, state, and institutional regulations related to patient/client care and fiscal management.</p>	<p>Yes No</p>	<p>Int-F6</p>	<p>Int- F2, Int-F3</p>
<p><i>Consensus on Yes. Some question on if fiscal management included enough? May not be in countries with free healthcare.</i></p> <p><i>Yes – missing piece: fiscal management.</i></p>			
<p>7D2 Report to appropriate authorities suspected cases of abuse of vulnerable populations.</p>	<p>Yes No</p>	<p>Int- F5</p>	<p>Int- F2</p>
<p><i>Not specific enough, but ultimate consensus on yes, with caveat of discussion of revision.</i></p>			
<p>7D3 Report to appropriate authorities suspected cases of fraud and abuse related to the utilization of and payment for physical therapy and other health care services.</p>	<p>Yes No</p>	<p>Int- F5</p>	<p>Int- F2</p>
<p><i>Consensus on yes, with caveat of discussion of revision. Same issues as in 7D2.</i></p>			
<p>7D4 Perform duties in a manner consistent with the Guide for Conduct of the Physical Therapist Assistant (APTA) and Standards of Ethical Conduct (APTA) to meet the expectations of patients, members of the physical therapy profession, and other providers as necessary.</p>	<p>Yes No</p>	<p>Int-F2</p>	<p>Int-F1,F6</p>
<p><i>When dive into role of PTA, get into specifics. Pull specific language and content from APTA guidelines into what constitutes ethics. General ethics may not address this.</i></p>			

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
7D5 Perform duties in a manner consistent with APTA's Values Based Behaviors for the Physical Therapist Assistant.	<u>Yes</u> No	Int-F2	Int-F1,F6
7D6 Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.	<u>Yes</u> No	Int-F2	Int-F1,F6
7D7 Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.	<u>Yes</u> No	Int-F5	
<i>Needs some more delineation/specificity in the tool</i>			
7D8 Identify, respect, and act with consideration for patients'/clients' differences, values, preferences, and expressed needs in all work-related activities.	<u>Yes</u> No	Int-F7	
<i>Need to return, particularly for cultural values. Consensus that it needs to be discussed whether the cultural pieces need to be added in the CWT or the guidelines.</i>			
7D9 Apply current knowledge, theory, and clinical judgment while considering the patient/client perspective and the environment, based on the plan of care established by the physical therapist.	Yes <u>No</u>		
<i>Not in scope—application of knowledge versus content. Could possibly put this under Int-F1, but could be a stretch. Needs more discussion on how to make Int-F1 more specific/applicable for curriculum.</i>			
7D10 Identify basic concepts in professional literature including, but not limited to, validity, reliability and level of statistical significance.	Yes <u>No</u>		
<i>Only under gen-ed statistics, if they have it (FS-D1). Should be included in CWT, as a mandatory course (not just optional)</i>			
7D11 Identify and integrate appropriate evidence based resources to support clinical decision-making for progression of the patient within the plan of care established by the physical therapist.	Yes <u>No</u>		
<i>Would like this to be included.</i>			

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
7D12 Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.	Yes No	Int-F4	Int-F5, patient related instruction
<i>This is fine as is.</i>			
7D13 Participate in professional and community organizations that provide opportunities for volunteerism, advocacy and leadership.	Yes No		
<i>Could flesh out F2 to make this included. Not sure if needs to be included or not.</i>			
7D14 Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist assistant students.	Yes No		
<i>Should see whether can include this, or flesh out Int-F-1 or F2. Said this is not out of scope for CWT</i>			
7D15 Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight change).	Yes No	Int-F5 or data collection 13	
<i>Need to discuss and expand current CWT items.</i>			
7D16 Use the International Classification of Functioning, Disability and Health (ICF) to describe a patient's/client's impairments, activity and participation limitations.	Yes No		
<i>Believe this language will start being more prevalent in syllabi soon. Some discussion whether or not should be included as part of Int 2a-b.</i>			
7D17 Communicate an understanding of the plan of care developed by the physical therapist to achieve short and long term goals and intended outcomes.	Yes No		
<i>But should be included. Possibly falls under communication (F-1) but too specific</i>			
7D18 Review health records (e.g., lab values, diagnostic tests, specialty reports, narrative, consults, and physical therapy documentation) prior to carrying out the PT plan of care.	Yes No		
<i>But should be included. Possibly falls under communication (F-1) but too specific. Needs more clarifications.</i>			
7D19 Monitor and adjust interventions in the plan of care in response to patient/client status and clinical indications.	Yes No		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
<i>But should be included. Also wondering whether this is the role of the PTA, or of PT. Seems to be out of role.</i>			
7D20 Report any changes in patient/client status or progress to the supervising physical therapist.	Yes No	F1	F5
<i>Needs discussion to be more specific.</i>			
7D21 Determine when an intervention should not be performed due to clinical indications or when the direction to perform the intervention is beyond that which is appropriate for the physical therapist assistant.	Yes No		
<i>Should be included—would like some kind of clinical decision making component.</i>			
7D22 Contribute to the discontinuation of episode of care planning and follow-up processes as directed by the supervising physical therapist.	Yes No		
<i>Same comments as for 7D21. Or possibly under role of PTA</i>			
7D23 Demonstrate competence in implementing selected components of interventions identified in the plan of care established by the physical therapist. Interventions include:	-	-	-
a. Airway Clearance Techniques: breathing exercises, coughing techniques and secretion mobilization	Yes No	Int-5c	
<i>Note on language—terminology change should be reflected to be consistent with standard</i>			
b. Application of Devices and Equipment: assistive / adaptive devices and prosthetic and orthotic devices	Yes No	Int-2b and 2f	
<i>Same comment as above.</i>			
c. Biophysical Agents: biofeedback, electrotherapeutic agents, compression therapies, cryotherapy, hydrotherapy, superficial and deep thermal agents, traction and light therapies	Yes No		
<i>Light therapies currently missing</i>			
d. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life	Yes No	2a	2e and 2g
<i>Needs to discuss—functional training and self-care don't show up in revised standards.</i>			

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
e. Manual Therapy Techniques: passive range of motion and therapeutic massage	<u>Yes</u> No	5f and 5g	Int-D2
<i>Massage aspect is missing</i>			
f. Motor Function Training (balance, gait, etc.)	<u>Yes</u> No	5b	2e
g. Patient/Client Education	<u>Yes</u> No	Int-3	F4
h. Therapeutic Exercise	<u>Yes</u> No	Int-5	
i. Wound Management: isolation techniques, sterile technique, application and removal of dressing or agents, and identification of precautions for dressing removal	<u>Yes</u> No	Int 1a-b	Int-2 H-J
<i>Some aspects are missing.</i>			
7D24 Demonstrate competence in performing components of data collection skills essential for carrying out the plan of care by administering appropriate tests and measures (before, during and after interventions) for the following areas:	-	-	-
a. Aerobic Capacity and Endurance: measurement of standard vital signs; recognize and monitor responses to positional changes and activities (e.g., orthostatic hypotension, response to exercise)	<u>Yes</u> No	DC-1	DC-14
b. Anthropometrical Characteristics: measurements of height, weight, length and girth	<u>Yes</u> No	DC-2	

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
c. Mental Functions: detect changes in a patient's state of arousal, mentation and cognition)	<u>Yes</u> No	DC-3	
d. Assistive Technology: identify the individual's and caregiver's ability to care for the device; recognize changes in skin condition and safety factors while using devices and equipment	<u>Yes</u> No	DC-4	DC-6
<i>Some discussion needed- could be clearer</i>			
e. Gait, Locomotion, and Balance: determine the safety, status, and progression of patients while engaged in gait, locomotion, balance, wheelchair management and mobility	<u>Yes</u> No	DC-5	DC-4
<i>Need to discuss wheelchair management piece</i>			
f. Integumentary Integrity: detect absent or altered sensation; normal and abnormal integumentary changes; activities, positioning, and postures that aggravate or relieve pain or altered sensations, or that can produce associated skin trauma; and recognize viable versus nonviable tissue	<u>Yes</u> No	DC-6	
<i>Discussion needed- tool is not as clear and may need additions</i>			
g. Joint Integrity and Mobility: detect normal and abnormal joint movement	<u>Yes</u> No	DC-7	
<i>Discuss - add detail in the guidelines.</i>			
h. Muscle Performance: measure muscle strength by manual muscle testing; observe the presence or absence of muscle mass; recognize normal and abnormal muscle length, and changes in muscle tone	<u>Yes</u> No	DC-8	DC-2
<i>Possibly discuss depth of details—not addressing tone</i>			
i. Neuromotor Development: detect gross motor milestones, fine motor milestones, and righting and equilibrium reactions	<u>Yes</u> No	DC-9	
<i>Should discuss additional detail</i>			
j. Pain: administer standardized questionnaires, graphs, behavioral scales, or visual analog scales for pain; recognize activities, positioning, and postures that aggravate or relieve pain or altered sensations	<u>Yes</u> No	DC-10	
<i>Possible additional details to discuss</i>			

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
k. Posture: determine normal and abnormal alignment of trunk and extremities at rest and during activities	<u>Yes</u> No	DC-11	
<i>Possibly some discussion to be added in the guidelines.</i>			
l. Range of Motion: measure functional range of motion and measure range of motion using an appropriate measurement device	<u>Yes</u> No	DC-12	
<i>Some language tweaks needed to align with standards</i>			
m. Self-Care and Civic, Community, Domestic, Education, Social and Work Life: inspect the physical environment and measure physical spaces; recognize safety and barriers in the home, community and work environments; recognize level of functional status; administer standardized questionnaires to patients and others	<u>Yes</u> No	DC-13	
<i>Word-smithing/detail needed.</i>			
n. Ventilation, Respiration and Circulation: detect signs and symptoms of respiratory distress, and activities that aggravate or relieve edema, pain, dyspnea, or other symptoms; describe thoracoabdominal movements and breathing patterns with activity, and cough and sputum characteristics	<u>Yes</u> No	DC-14	
<i>Tool needs additional detail to directly cover above</i>			
7D25 Complete accurate documentation that follows guidelines and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.	Yes <u>No</u>		
<i>Could possibly say it maps onto F5 and F6, but not well. Do believe needs to be part of tool.</i>			
7D26 Respond effectively to patient/client and environmental emergencies that commonly occur in the clinical setting.	<u>Yes</u> No	D-6	
<i>Need to adjust wording to better align</i>			
7D27 Contribute to efforts to increase patient and healthcare provider safety.	Yes <u>No</u>		
<i>Need to see some mention of safety in CWT. Exactly how it's to be incorporated up for discussion.</i>			
7D28 Participate in the provision of patient-centered interprofessional collaborative care.	Yes <u>No</u>		

CAPTE Criteria/Standards	Reflected in PTA Tool?	Primary Section	Secondary Section
<i>If stretched, could be part of F1 or F6, but not great fit. Should be included, but up for discussion if its own line item.</i>			
7D29 Participate in performance improvement activities (quality assurance).	Yes No		
<i>If anywhere, would be under F3. Discuss where it might fit.</i>			
7D30 Describe aspects of organizational planning and operation of the physical therapy service.	Yes No	Admin F3	
7D31 Describe accurate and timely information for billing and payment purposes.	Yes No	F3 and F6	
<i>What's in tool is pretty vague, so need to discuss how good of a fit.</i>			

Final Questions:

- Are any of the covered CAPTE criteria/standards inadequately covered by the PTA Tool?
 - *Need clinical decision making, along with many others specified in above notes. Need additional details to make PTA CWT much more specific (e.g., multi-system disorders)*

- Are there any items of the PTA Tool that are no longer appropriate to include (i.e., should be removed)?
 - *Athermal agents- no longer covered in CAPTE – hard to understand the meaning of it.*
 - *Removing requirement of Math – not all programs have math.*
 - *C1-4 – aren't these covered in data collection? So maybe table C isn't necessary any longer.*
 - *Simplify therapeutic exercise section—can take out specifics no longer needed by standards (e.g., stretching exercises, posture awareness, conditioning/recondition), just mention a few as examples but not separate line items*
 - *May not need Data Collection section D, since already in Interventions*

- Other Discussion Points
 - *List in table of contents should match what's in the tool*
 - *Clarify in guidelines the distinction between human and other type of physiology/anatomy course requirements (i.e., for counting as gen ed)*
 - *Wheelchair management section should be moved from Intervention to Data Collection section*
 - *Infection control, sterilization technique should be moved to a different section*

Appendix O: CWT based on Focus Group – both PT and PTA

FSBPT Physical Therapist Educational Equivalency Review EVALUATION CHECKLIST

Name:	Date:
School:	Country:
Degree:	
Reviewing Organization:	
Reviewer(s):	
Signature of Issuing Organization's Authorized Representative:	
Print Name and Title:	

Note for Reviewing Organizations: Please affix official organization seal to each page of the Evaluation Checklist for authentication purposes.

General Education

A. Communication: One course minimum from the category	Credit Hours	Transcript Reference
1. English Language*		
2. English Composition*		
3. Speech or Oral Communication		
4. Foreign Language		
5. Native Language		
6.		

*For rows 1 & 2, if no credit in English or English composition is provided, the licensing jurisdiction should require the applicant to demonstrate English proficiency.

B. Humanities: One course minimum from the category	Credit Hours	Transcript Reference
7. Literature		
8. Visual Arts		
9. Performing Arts		
10. Philosophy		
11. Ethics		
12.		

C. Physical Science: One semester course in chemistry (with laboratory) and one semester course in physics (with laboratory) are required.	Credit Hours	Transcript Reference
13. Chemistry (with laboratory)		
14. Physics (with laboratory)		
15. Geology		
16. Astronomy		
17.		

D. Biological Science: Two course minimum from the category. One of the identified courses must have a laboratory component.	Credit Hours	Transcript Reference
18. Biology		
19. Anatomy		
20. Physiology		
21. Zoology		
22. Kinesiology		
23. Neuroscience		
24. Genetics		
25. Exercise Science		
26.		

E. Social and Behavioral Science: Two course minimum from the category	Credit Hours	Transcript Reference
27. History		
28. Geography		
29. Sociology		
30. Economics		
31. Religion		
32. Political Science		
33. Psychology*		
34. Anthropology		
35.		

*Required

F. Mathematics: One course minimum from the category	Credit Hours	Transcript Reference
36. Statistics		
37. Algebra		
38. Pre-Calculus		
39. Calculus		
40. Trigonometry		
41. Geometry		
42.		

SUB-TOTAL GENERAL EDUCATION CREDITS: _____

Professional Education

A minimum of 90 semester credits is required in this area.

G. Basic Health Science: Must include but not limited to areas 43 – 54.	Credit Hours	Transcript Reference	Justification
43. Human Anatomy			
44. Human Physiology			
45. Neuroscience (Neuroanatomy/ Neurophysiology)			
46. Kinesiology, Functional Anatomy, or Biomechanics			
47. Pathology			
48. Pharmacology			
49. Genetics			
50. Histology			
51. Nutrition			
52. Exercise Science			
53. Psychosocial aspects of health, disability, physical therapy			
54. Diagnostic imaging			
55.			

H. Medical Science: Must include but not limited to areas 56 - 69.	Credit Hours	Transcript Reference	Justification
56. Cardiovascular (including Lymphatic)			
57. Respiratory			
58. Endocrine			
59. Metabolic			
60. Renal, Genitourinary			
61. Immune			
62. Integumentary			
63. Musculoskeletal			
64. Neurologic			
65. System Interactions			
66. Differential Diagnosis			
67. Medical, Surgical Conditions			
68. Pediatrics			
69. Geriatrics			
70.			

I. Examination: Must include but not limited to areas 71 – 74y.	Credit Hours	Transcript Reference	Justification
71. History			
72. Screening / Scanning / Systems Review			
73. Physical Exams, Tests, Measures Selection			
74. Tests and Measures Administration:			
a. Aerobic capacity/Endurance			
b. Anthropometric characteristics			
c. Mental Functions			
d. Assistive, adaptive devices			
e. Orthotic devices			
f. Prosthetic devices			
g. Community, work (job, school, or play) reintegration			
h. Cranial Nerve Integrity			
i. Peripheral Nerve Integrity			
j. Environmental, home, work barriers			
k. Ergonomics, body mechanics			
l. Gait			
m. Integumentary integrity			
n. Joint integrity and mobility			
o. Mobility (including Locomotion)			
p. Motor function			
q. Muscle performance			
r. Neuromotor development, sensory processing			
s. Pain			
t. Posture			
u. Range of motion			
v. Reflex integrity			
w. Self-care, home management			
x. Sensory integrity			
y. Ventilation, respiration or gas exchange			
z.			

J. Evaluation: Must include but not limited to areas 75 - 79.	Credit Hours	Transcript Reference	Justification
75. Data Analysis and Evaluation			
76. Patient Problem Identification			
77. Findings that Warrant Referral			
78. Prognosis and Goal Formulation			
79. Plan of Care Development			

K. Plan of Care Implementation: Must include but not limited to areas 80-84.	Credit Hours	Transcript Reference	Justification
80. Interventions			
a. Airway clearance techniques			
b. Integumentary Repair			
c. Integumentary Protection			
d. Wound Debridement			
e. Electrotherapy			
f. Thermal agents			
g. Mechanical devices			
h. Community, Work Functional Training			
i. Self-Care, Home Management Function Training			
j. Manual therapy techniques (including joint and soft tissue mobilization and massage)			
k. Patient/Client Education			
l. Prescription, application, and as appropriate, fabrication of assistive, adaptive, orthotic, protective, supportive, and prosthetic devices and equipment			
m. Therapeutic exercise			
n. Mobility Training			
81. Plan of Care Management			
82. Outcome Assessment			
83. Discharge or Discontinuation			
84. Patient-related Emergency Procedures			

L. Clinical Education	Credit Hours*	Transcript Reference	Justification
Clinical Education Experiences, total 30 weeks (1200 hours)			

Note: Clinical education must include physical therapist-supervised application of physical therapy theory, examination, evaluation, and intervention. The applicant must have a minimum of two full-time clinical

educational experiences (with a variety of patient populations, diagnoses, and acuity levels) of no less than 1200 hours.

*Maximum number of full time clinical education credits is ??.

M. Related Professional Coursework: Must include but not limited to areas 85-97.	Credit Hours	Transcript Reference	Justification
85. Professional Roles, Behaviors, and Values			
86. Healthcare Systems, Administration, and Management			
87. Community Health and Wellness			
88. Health Promotion and Wellness			
89. Evidence-based Practice and Clinical Decision Making Processes			
90. Teaching and Learning (including educational theory)			
91. Documentation (all aspects of patient/client management)			
92. Communication Related to Patient/Client Care			
93. Legal and Regulatory Aspects of Physical Therapy practice			
94. Ethical Aspects of Physical Therapy Practice			
95. Teamwork and Interprofessional Collaboration			
96. Cultural Competency			
97. Consultation			

SUB-TOTAL PROFESSIONAL EDUCATION CREDITS: _____
(90 minimum)


Academic Institution

Describe the academic level of the educational program and the institution within the context of the country's educational system:
1. Status (recognition/accreditation) within the country's educational system:
2. Entry Requirements (secondary education):
3. Degree Equivalence (Baccalaureate, Post-Baccalaureate etc.)
4. Other (CAPTE accreditation, etc.)

Summary

Total General Education Credits:	
Total Professional Education Credits (90 Minimum):	
Total Credits (150 Minimum)	

FSBPT Physical Therapist Assistant Educational Equivalency Review Coursework Evaluation Checklist

Name:		File Number:	
Date:		Country:	
School:		Dates:	
Degree:		Date:	
Reviewing Organization:	Foreign Credentialing Commission on Physical Therapy		
Reviewers:	FCCPT – Staff and Contract Reviewers		
Signature of Issuing Organization's Authorized Representative:			
			
Print Name and Title:	Kathleen Luedtke-Hoffmann, PT, PhD. Managing Director		

Note for reviewing organizations: Please affix official organizational seal to each page of the Evaluation Checklist for authentication purposes.

I. Foundational Studies

Fifteen semester credits are required in this area

A. HUMANITIES: One course minimum.	CREDIT HOURS	TRANSCRIPT REFERENCE
1. English		
2. English Composition*		
3. Speech or Oral Communication		
4. Foreign Language (other than native language)		
5. Literature		
6. Art		
7. Music		
Humanities subtotal		

* Required

B. NATURAL SCIENCE: Physical Sciences & Biological Sciences This content area may be embedded in Applied Sciences.	CREDIT HOURS	TRANSCRIPT REFERENCE
1. Physics		
2. Biology		
3. Anatomy		
4. Physiology		
5. Chemistry		
Natural Science subtotal		

* Examples include Zoology, Astronomy, etc.

C. SOCIAL & BEHAVIORAL SCIENCE: One course minimum.	CREDIT HOURS	TRANSCRIPT REFERENCE
1. History		
2. Sociology		
3. Economics		
4. Religion		
5. Political Science		
6. Psychology		
7. Philosophy		
8. Ethics		
Social & Behavioral Science subtotal		

D. MATHEMATICS/LOGIC:	CREDIT HOURS	TRANSCRIPT REFERENCE
1. Statistics		
2. Algebra		
3. Trigonometry		
4. Calculus		
5. Pro-Calculus		
6. Geometry		
7. General Mathematics		
8. Computer Studies		
Mathematics/Logic subtotal		
SUBTOTAL FOUNDATIONAL STUDIES CREDITS (15 minimum):		

II. Applied Sciences & Technical Education

Forty-nine semester credits are required in this area.

A. BASIC HEALTH SCIENCE: Coursework is required in each area 1-4.	CREDIT HOURS	TRANSCRIPT REFERENCE	JUSTIFICATION
1. Human Anatomy			
2. Human Physiology			
3. Kinesiology or Functional Anatomy			
4. Pathology			
Basic Health Science subtotal			

B. MEDICAL SCIENCE: General Medical Knowledge of Systems across the lifespan: Coursework must include but is not limited to 1-14 (all)	CREDIT HOURS	TRANSCRIPT REFERENCE	JUSTIFICATION
1. Nervous/Neurology			
2. Musculoskeletal/Orthopedics			
3. Cardiovascular, Respiratory, /Cardiopulmonary			
4. Integumentary			
5. Endocrine and metabolic			
6. Gastrointestinal			
7. Genital and Reproductive			
8. Hepatic and biliary			

9. Immune			
10. Lymphatic			
11. Hematologic			
12. Renal and Urologic			
13. Pediatric conditions			
14. Geriatric conditions			
Medical Science subtotal			

C. CLINICAL SCIENCE: Physical Therapy Management of: PTA coursework must include but is not limited to areas 1 - 5.	CREDIT HOURS	TRANSCRIPT REFERENCE	JUSTIFICATION
1. Integumentary System			
2. Musculoskeletal System			
3. Neuromuscular System			
4. Cardiopulmonary System			
5. First Aid/ Emergency Care			7D26
Clinical Science subtotal			

Within the credit hours assigned above, indicate content area, which you found evidence for items 1 - 5.

C.1. CLINICAL DECISION MAKING WITHIN THE PLAN OF CARE:	Present = √ Absent = Ø	TRANSCRIPT REFERENCE
1. Identify the components of, and how to, interpret the Plan of Care developed by the Physical Therapist:		
2. Health Record Review		
3. Monitor and adjust intervention		
4. Withhold interventions when contraindicated		
5. Discontinuation of Episode of care./ Discharge Planning		

C. 2. DATA COLLECTION SKILLS CONTENT AREA SUMMARY		
Within the credit hours assigned above, indicate content area that you found evidence for items 1 – 14.		
Data collection skills content areas include but are not limited to the following:	Present = √ Absent = Ø	TRANSCRIPT REFERENCE
1. Aerobic capacity and Endurance		
2. Anthropometric characteristics		
3. Mental functions/Arousal, mentation, and cognition		
4. Assistive Technology		
5. Gait, locomotion, and balance		
6. Wheelchair Management and mobility		
7. Integumentary integrity		
8. Joint integrity and mobility		
9. Muscle performance (including strength, length tone and endurance)		
10. Neuromotor development		
11. Pain		
12. Posture		
13. Range of motion		
14. Physical environment and measure of physical spaces		
15. Safety and barriers in the home, community and work environments		
16. Functional status/ (ADL & IADL), including standardized questionnaire		
17. Ventilation, respiration, and circulation		

Adapted from the *PTA Standards with Evidence*, Commission on Accreditation in Physical Therapy Education; 2015

C. 3. INTERVENTION CONTENT AREA SUMMARY		
Within the credit hours assigned above, indicate the content area for which you found evidence for items 1-9.		
Intervention content areas include, but are not limited to, the following:	Present = √ Absent = Ø	TRANSCRIPT REFERENCE
1. Airway Clearance Techniques		
A. Breathing exercises		
B. Coughing techniques		
C. Secretion mobilization		
2. Application of Devices and Equipment		
A. Assistive/adaptive devices		
B. Prosthetic and orthotic devices		

C 3. INTERVENTION CONTENT AREA SUMMARY		
Within the credit hours assigned above, indicate the content area for which you found evidence for items 1-9.		
Intervention content areas include, but are not limited to, the following:	Present = √ Absent = Ø	TRANSCRIPT REFERENCE
3. Biophysical Agents:		
A. Biofeedback		
B. Compression Therapies		
C. Cryotherapy		
D. Electrotherapeutic Agents		
E. Hydrotherapy		
F. Superficial and Deep Thermal Agents		
G. Traction		
H. Light therapies		
4. Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life		
5. Manual Therapy Technique		
A. Passive range of motion		
B. Massage		
6. Motor Function Training (balance, gait, etc.)		
7. Patient/Client Education		
8. Therapeutic Exercise		
9. Wound Management:		
A. Isolation and sterile techniques		
B. Dressings		

D. CLINICAL EDUCATION	CREDIT HOURS**	TRANSCRIPT REFERENCE	JUSTIFICATION
Two clinical internships. Total clinic hours = 520 hours			

** Maximum number of full time clinical education credits is Forty-eight clock hours equal one semester credit.

Clinical experiences:	Present = √ Absent = Ø	TRANSCRIPT REFERENCE
1. Deliver physical therapy services to patients/clients with a variety of diseases and conditions settings		
2. Occur in at least 2 different types of practice settings		

E. ADDITIONAL REQUIRED TECHNICAL COURSEWORK:	CREDIT HOURS	TRANSCRIPT REFERENCE	JUSTIFICATION
Coursework is required in areas 1-7.			
1. Role of the PTA within patient /client management			
a. Direction and supervision of the PTA by the PT.			
b. Inter-professional collaboration			
c. Report any changes in patient/client status			

d. Withhold interventions beyond the scope of work for the Physical therapist assistant			
2. Professional Ethics, Behaviors & Issues			
a. Ethical Decision Making			
3. Administration			
4. Educational Techniques			
5. Communication (related to client/patient care)			
6. Medical Legal Issues and Healthcare Delivery			
a. International Classification of Functioning, Disability and Health (ICF)			
b. Report to appropriate authorities suspected cases of abuse of vulnerable populations.			
c. Report to appropriate authorities suspected cases of healthcare fraud and abuse.			
7. Psychosocial Aspects in Physical Therapy Work			
8. Evidenced Based Practice			
a. Current Physical Therapy knowledge, theory.			
b. Validity, reliability and level of statistical significance.			
c. Evidence based resources used to support clinical decision-making.			
9. Documentation/Billing			
10. Patient and Healthcare Provider Safety			
Related Technical Coursework subtotal			
SUBTOTAL TECHNICAL EDUCATION CREDITS (49 minimum):			

III. Academic Institution

Describe the academic level of the educational program and the institution within the context of the country's educational system:
1. Status (recognition/accreditation) within the country's educational system:
2. Entry requirements (minimum of secondary education):
3. Degree equivalence (Associate of Science, etc.):
This degree does/does not satisfy the minimum number of 64 semester credits that is required for a U.S. associates degree
The curriculum is/is not substantially equivalent to a physical therapist assistant degree in the United States.
4. Other (CAPTE accreditation, etc.):

IV. Summary

Total Foundational Studies Credits (15 minimum):	
Total Applied Science & Technical Education Credits (49 minimum):	
Total Credits from Appendix B	
Total Credits (64 minimum):	

64 credits = Two years of study

APPENDIX A
COURSES NOT USED AND NOT CREDITED ON CWT

Courses listed in Appendix A appear on the transcript, but are not included as part of General Education or Professional Education and are not included in total credits for reasons of insufficient academic performance or duplication of content.

D. GRADE EQUIVALENT BELOW C, GRADES NOTED WITH U.S. EQUIVALENT

YEAR	TRANSCRIPT REFERENCE	CREDITS	GRADE ISSUED
	(not included in total credits)D. Subtotal		

E. FOUNDATIONAL STUDIES COURSES FAILED AND NOT REPEATED¹

YEAR	TRANSCRIPT REFERENCE	CREDITS	GRADE ISSUED
	(not included in total credits) E. Subtotal		

1. Credits for courses that have been attempted, but failed do not count toward the total number of hours for graduation, unless the course is subsequently retaken and passed.

F. COURSES REPEATED FOR CREDIT²

YEAR	TRANSCRIPT REFERENCE	CREDITS	GRADE ISSUED
	(not included in total credits) F. Subtotal		

2. Credits for courses that have been passed once and later retaken to earn a better grade will only be counted once toward the totals for graduation and general education or professional education.

APPENDIX B
COURSES NOT USED, BUT CREDITED IN TOTAL

Courses listed in Appendix B appear on the transcript, but are not included as part of General Education or Professional Education. They deserve inclusion in the overall total because they are college-level and can be used to meet degree requirements.

A. COURSES WITHOUT COURSE DESCRIPTIONS

YEAR	TRANSCRIPT REFERENCE	CREDITS
	A. Subtotal	

B. COURSES NOT AWARDED AS FOUNDATIONAL STUDIES

YEAR	TRANSCRIPT REFERENCE	CREDITS
	B. Subtotal	

C. COURSES NOT AWARDED AS APPLIED SCIENCES & TECHNICAL EDUCATION

YEAR	TRANSCRIPT REFERENCE	CREDITS
	C. Subtotal	

+ Indicates clinical credits in excess of the maximum allowable number (15). Credits will not count toward Applied Sciences & Technical Education, but are included in the total.

Appendix P: Focus Group Suggestions for Updates to CWT Guidelines

Potential additions to PT tool guidelines for evaluation:

1. Introductory Section: Needs a translation bridge that addresses credits and degree equivalence.
2. Humanities: Add details around what is meant by *Performing Arts* - art, music, theatre, dance, etc.
3. Physical Science: Add guidance that virtual labs are acceptable.
4. Professional Education: add into document that content needs to be in professional education; looking for applied level that is relevant to the PT practice.
5. Basic Health Science: add guidance that *Human Anatomy* and *Human Physiology* courses need to be specific to physical therapy
6. Basic Health Science: for *Genetics* add in guidelines chromosome crossover, genomics, etc.
7. Basic Health Science: provide more context around the courses of *Nutrition*, *Exercise Science* and *Diagnostic Imaging*.
8. Basic Health Science: for *Psychosocial aspects of health, disability, physical therapy* add environmental, global environment, health and disability. Content should address an understanding of the ramifications of physical therapy
9. Medical Science: add general guidance that this section includes multi-system and lifespan issues
10. Medical Science: for *Cardiovascular (including Lymphatic)* guidelines should include lymphatic and hematologic
11. Medical Science: for *Metabolic* this should include gastrointestinal, hepatic, and biliary
12. Medical Science: for *Renal, Genitourinary* this should include genital, reproductive, renal, urologic
13. Medical Science: for *Geriatrics* the guidelines should reflect that the idea is to get a sense of lifespan issues in medical and surgical conditions; initial category was life span and development; however, pediatrics and geriatrics was broken out separately to ensure coverage of both areas; considering interactions and psychosocial aspects are also desired
14. Examination: for *History* the guidelines should include social and medical; obtaining a history; see CAPTE 7D17 for language.
15. Examination: for *Screening/Scanning/Systems Review* the guidelines should direct reviewers to look for an understanding of screen/scan; know how to perform and interpret screening; short clarifying exam; brief examination; see CAPTE 7D18 for language.
16. Examination: for *Physical Exams, Tests, Measures Selection* the guidelines should direct reviewers to look for an understanding of what are tests and measures, clinical decisions around selecting tests and measures; see CAPTE 7D19 for language.
17. Examination: for *Mental Functions* the guidelines should include arousal, mentation, and cognition
18. Examination: for *Assertive, adaptive devices* the guidelines should include assistive technology
19. Examination: *Community, work (job, school or play) reintegration* and *Self-care, home management* needs language added to the guidelines.

20. Examination: for *Environmental, home, work barriers* include guidance this includes environmental factors
21. Examination: for *Sensory Integrity* the guidelines should include proprioception and kinesthesia
22. Examination: add to guidelines that ‘skeletal integrity’ was removed because it is covered by posture, anthropometric, joint integrity
23. Evaluation: add information about clinical reasoning; diagnosis and prognosis; see CAPTE 7D20 for information.
24. Evaluation: for *Data analysis and evaluation* explain in guidelines that this should include the evaluation of data form the examination
25. Evaluation: for *Patient Problem Identification* this should include identifying problems or diagnosis; see CAPTE 7D22 for language.
26. Evaluation: for *Findings that warrant referral* this should include ‘to MD or other disciplines’; see CAPTE 7D16 for language.
27. Evaluation: for *Prognosis and goal formulation* this should include ‘goals to anticipate outcomes’; see CAPTE 7D23 for language.
28. Evaluation: for *Plan of Care Development* this should include ‘including the collaboration with others to develop’; see CAPTE 7D24 for language.
29. Plan of Care Implementation: Add additional guidance on this section. See CAPTE 7D28 for language.
30. Plan of Care Implementation: for *Community, work functional training* add functional training in community and work (job, school, or play) reintegration (including instrumental activities of daily living, work hardening, and work conditioning).
31. Plan of Care Implementation: for *Self-care, home management function training* add functional training in self-care and home management (including basic and instrumental activities of daily living)
32. Plan of Care Implementation: for *Manual therapy techniques (including joint and soft tissue mobilization and massage)* add including mobilization/manipulation thrust and nonthrust techniques.
33. Plan of Care Implementation: for *Patient/Client Education* add including family and caregivers
34. Plan of Care Implementation: for *Mobility training* add motor function training (including balance, gait, etc.); transfers, bed mobility
35. Plan of Care Implementation: for *Plan of Care Management* add modifying, collaboration with/directing others; see CAPTE 7D25,7D29 (about directing others), 7D30, 7D36 for language
36. Plan of Care Implementation: for *Outcome Assessment* add language from CAPTE 7D31
37. Plan of Care Implementation: for *Discharge or Discontinuation* add episode of care; transition in care; see CAPTE 7D26 for language
38. Plan of Care Implementation: for *Patient-related Emergency Procedures* add ability to do emergency and environmental – floods, tsunami; emergency preparedness [broader emergencies are covered by regulatory content in section below]

39. Clinical Education: Add to the guidelines information on what to look for and how to assign credits; hands on versus observation; how do you equate time? Chronic illness coverage is inferred; may use language from CAPTE 6L1 and 6L2
40. Related Professional Coursework: for general area, provide information that Interprofessional and Documentation includes risk evaluation; see CAPTE 7D37
41. Related Professional Coursework: for *Professional Roles, Behaviors, and Values* add independent clinical judgments; see CAPTE 7D8; 7D14; 7D15 for language; autonomous practice, direct access through independent practice
42. Related Professional Coursework: for *Healthcare Systems, Administration, and Management* add individual practices, healthcare policies, healthcare environment; Fiscal management: see CAPTE 7D1 and 7D42; add in CAPTE 7D38; some language in CAPTE 7D43
43. Related Professional Coursework: for *Community Health and Wellness* add community screening; population-based health issues; health promotion and wellness; see CAPTE 7D13 for additional language
44. Related Professional Coursework: for *Health Promotion and Wellness* add information from CAPTE 7D34
45. Related Professional Coursework: for *Evidence-based Practice and Clinical Decision Making Process* add clinical decision making processes, shared decision making models; research/statistics/evaluation; process aspect of decision making; patient preferences, research evidence, know own expertise in decision making process; working through what the evidence means, thinking and prioritizing; see CAPTE 7D9, 7D10, and 7D11 for language; add CAPTE 7D21 to guidelines
46. Related Professional Coursework: for *Teaching and Learning (including educational theory)* add language from CAPTE 7D12 (excluding 'clinical education of students)
47. Related Professional Coursework: for *Documentation (all aspects of patient/client management)* add language from CAPTE 7D32
48. Related Professional Coursework: for *Communication Related to Patient/Client Care* add related to client/patient care, gather and provide information verbally and in writing; see CAPTE 7d7 for language
49. Related Professional Coursework: for *Legal and Regulatory Aspects of Physical Therapy practice* add rules, regulations, medicare system, practice standards, mandatory reporting, advocacy, compliance (beyond just legal, including regulatory) ; see CAPTE 7D1, 7D2, 7D3 for language; added regulatory responsibilities related to environmental emergencies (CAPTE 7D33); some language in CAPTE 7D43
50. Related Professional Coursework: for *Ethical Aspects of Physical Therapy Practice* add conflicting values, patient concerns; see CAPTE 7d4, 7D5 (in terms of professional and ethical behaviors), 7D6 for language
51. Related Professional Coursework: for *Teamwork and Interprofessional* add including collaborating with professionals from other disciplines and interprofessional, involvement in case management process; use some of CAPTE 6F; 7D39
52. Related Professional Coursework: for *Consultation* add peer, other disciplines, or external services

Potential additions to PTA tool guidelines for evaluation:

1. Explain in the guidelines that “Applied sciences and technical education” B.7. *Hepatic and Biliary* may be a part of the *Gastrointestinal* course.
2. Explain in guidelines that “Applied sciences and technical education” B. 9 *Lymphatic* may be a part of *cardiopulmonary* course.
3. Explain in guidelines that “Applied sciences and technical education” B. 11 *Renal and Urologic* may be a part of *Gastrointestinal* course.
4. For the purposes of making the tool concise, the focus group SMEs shortened the CAPTE sub-criteria from 7D24 to make them fit on separate lines of the PTA CWT. Thus, most of CAPTE words that were removed while shortening the items from 7D24 should be accurately and completely included in the guidelines for CWT items C.2. *Data Collection Skills Content Area Summary*.
5. Same as point 4 above for guidelines for CWT section C. 3. *Intervention Content Area Summary* as it relates to CAPTE criteria 7D23.
6. For item 4. *Functional Training in Self-Care and in Domestic, Education, Work, Community, Social, and Civic Life* under section C. 3. *Intervention Content Area Summary*, provide a definition for the term ‘civic life’ in the guidelines. The group attempted to define the term. An attempt to define the term: Civic – greater than in the community, involvement and Advocacy.
7. For *Airway clearance techniques*, explain in guidelines what is secretion mobs, nebulizer, postural drainage, etc.
8. For CWT item #8 *Therapeutic Exercise* under section C 3. *Intervention Content Area Summary* include the sub-bullets from old PTA tool as guidelines for the specific contents of therapeutic exercise.
9. The *Note*, which was part of the previous CWT, under *D. Clinical education* was removed from the new draft tool itself. However, the groups felt that the first line of the note must be included in the guidelines.
10. For the first first bullet in the *clinical experiences* table, explain in the guidelines that we are hoping to see lifespan experiences covered by the curriculum.
11. Do credits obtained for the sub-bullets of *Role of PTA* role up to total credits for *Role of PTA* or should each individual item (a through d) and the header item (role of PTA) be separately evaluated? Decision pending on this issue. Update guidelines for scoring this item accordingly.
12. For *Professional Ethics, Behaviors & Issue* item under *E. technical coursework*, update the guidelines with the following topics – “the following ethical standards that must be covered by the syllabi - 1) encouraging colleagues with Substance abuse to seek help, 2) reporting if colleagues are impaired.”
13. For *Professional Ethics, Behaviors & Issue* item under *E. technical coursework*, update the guidelines with this insert – “Professional ethics, behaviors and issue includes: 1) “Participation in professional and community organizations that provide opportunities for volunteerism, advocacy, and leadership.” & 2) “Identify career development and lifelong learning opportunities, including the role of the physical therapist assistant in the clinical education of physical therapist”

14. For *Ethical decision making*, insert this into the guidelines – “Implement, in response to an ethical situation, a plan of action that demonstrates sound moral reasoning congruent with core professional ethics and values.”
15. For *Administration* item in the same CWT category as above, define administration as – 1) “Participate in performance improvement activities (quality assurance).” And 2) “Describe aspects of organizational planning and operation of the physical therapy service.”
16. For *Education Techniques* item in the same CWT category as above, add the following to its description – “Effectively educate others using teaching methods that are commensurate with the needs of the patient, caregiver or healthcare personnel.”
17. For *Communication (related to client/patient care)* item in the same CWT category as above, add a section that speaks to these points – 1) “Communicate effectively with all stakeholders, including patients/clients, family members, caregivers, practitioners, interprofessional team members, consumers, payers, and policymakers.” & 2) “Interview patients/clients, caregivers, and family to obtain current information related to prior and current level of function and general health status (e.g., fatigue, fever, malaise, unexplained weight changes)”
18. For *Medical Legal Issues and Healthcare Delivery* item in the same CWT category as above, add these points to the guidelines – “Adhere to legal practice standards, including federal, state, and institutional regulations related to patient/client care and fiscal management.”
19. For *Psychosocial Aspects in Physical Therapy Work* item in the same CWT category as above, mention these examples in the guidelines – 1) Treating patients with dignity, 2) standard 1 in the APTA, 3) APTA standard 4. Also, add in this piece – “Identify, respect, and act with consideration for patients’/clients’ differences, values, preferences, and expressed needs in all work-related activities.”
20. For *Documentation/Billing* item in the same CWT category as above, add these points as definitions – 1) “Complete accurate documentation that follows guideline and specific documentation formats required by state practice acts, the practice setting, and other regulatory agencies.” And 2) “Describe accurate and timely information for billing and payment purposes.”
21. For *Patient and Healthcare Provider Safety* item in the same CWT category as above, add these points to the guidelines – “Contribute to efforts to increase patient and healthcare provider safety.”
22. Add guidelines for all additional new content. E.g. Computer Science in Gen. Ed., Clinical Decision making.
23. Add/refine guidelines for how English comprehension is different from English. Which courses covers the reading, speaking, writing, etc. components of English language.
24. Add in the guidelines the 4 sub-bullets under *wound management* from Day 2 tool that got collapsed into 2 bullets later.

Appendix Q: Timeline of PT CWT Review and Revision Activities

Timeline of PT CWT Review and Revisions

January 8-10, 2016

- Taskforce working meeting with recommendations for CWT 6.

January 11-15, 2016

- Staff reviewed taskforce recommendations for CWT 6.

January 18 - 22, 2016

Staff (Mark Lane, Leslie Adrian, Kathleen Ludtke-Hoffmann, and Sue Lindeblad) met to discuss some items which were not reflected in the CAPTE documents – specifically related to the *General Education* section and identified redundancies in the tool. Additionally, staff discussed options for the Foreign Education Standards Committee to review and approve credit requirements.

Identified issues with taskforce recommendations:

- Adding Section Communications – The group also added a subsection Communications to the Professional – Related Coursework thus a redundancy.
- 2 Required general education English Courses – not supported as requirements in the CAPTE documents. Noted that in PTA CAPTE requirements English is included as required, thus since both were done at the same time the silence in the PT requirements seems to be on purpose thus adding this to the CWT is not defensible.
- 2 course minimum in Biological Sciences when most of these are repeated as Professional content, and there is not a requirement supporting this in the CAPTE criteria - redundant.
- Genetics and Exercise Science are now required in Professional Education thus redundant.
- Medical Surgical Conditions is misnamed, Should be “Medical Surgical Conditions across the Life Span” with Pediatrics and Geriatrics as subsets.

Resolutions:

- Combined *Communications* and *Humanities* sections into one and removed the requirement for English and English Comp.
- Biological Sciences (section C) only one required course.
- Clarified language for Medical Science (B11) Medical Surgical Conditions across the Lifespan and added the subsets, B11a Pediatrics and B11b Geriatrics.

February 16, 2016

- The taskforce was sent a copy of the final results from the training and the updated “Guidelines for Use of the CWT” (Guidelines) document. The taskforce was requested to review and respond.

March 1, 2016

- Webinar with Taskforce members to review the Guidelines and discuss next assignment.
- Reviewed Staff implemented changes in the "Tool" with rationale and came to consensus agreement with the changes.
- Taskforce also suggested and agreed to the following changes:
 - Added *Composition of Research Writing* to Communication and Humanities (A)
 - Added *Computer Studies* to Mathematics (E)
 - Combined *Endocrine and Metabolic* in Medical Sciences (B)
 - In Examination (C) Clarified *Screening* and *Systems Review* as two separate things
 - Collapsed Orthotics and Prosthetics into (C4d) *Assistive, Adaptive Devices*.
 - Examination 5.m. – Reworded to *Mobility (excluding gait)*
 - Section E – Collapsed E1b & E1c into one *Integumentary Repair and Protection*.
 - Interventions 1.e. – Reworded to *Physical Agents*
 - Interventions 1.f. – Reworded to *Mechanical Agents*
 - Separated *Clinical Experiences* into two areas: Variety of practice settings and variety of diseases/conditions
 - Section G – Reworded G1 to *Professional Roles and Behaviors*.
 - G3 – Reworded to *Community Health*
 - G5 changed order of wording to *Clinical Decision Making Processes –Evidence Based Practice*
 - G8 – Reworded to be *Communications* with no qualifier
 - G9 – Reworded to *Legal and Regulatory Aspects of Physical Therapy Practice*
 - G10 – Reworded to *Ethical Aspects and Values of Physical Therapy Practice*
- 4 taskforce members not available had individual sessions with them the week of March 7, 2016, to do one one-on-one discussion and training with the updated guidelines.

March 3, 2016

- Taskforce sent Syllabi for University of Istanbul, Turkey – Due back March 13th

March 9, 2016

- Training session with PT Staff of the FCCPT then assigned University of Istanbul reviews.

March 31, 2016

- Experienced PT Staff of the FCCPT reviewed Guidelines again after the Turkish reviews to suggest additional information needed for Guidelines.
 - A consensus-style discussion around the definitions of new items on the CWT and further clarification of terminology resulted.

April 6, 2016

- Taskforce sent second assignment for Dongnam University, South Korea – Due Back April 15th
- Taskforce also sent the additional changes to the Guidelines to assist in the assignment.

April 14, 2016

- Project Staff – Mark Lane and Sue Lindeblad Discussed progress and determined that Staff would complete the inter-rater reviews and notified DCI of decision.
- Staff sent final reviews for additional Schools to be completed with the Guidelines.
 - Rajiv Gandhi and University of Gujarat, - India,
 - Baqai University - Pakistan,
 - Velez University – Philippines, and
 - A University in Brazil.

May1, 2016

- Foreign Education Standards (FES) Committee of the FSBPT, met to review proposed CWT 6.
- FES determined the credits and Clinical requirements
 - Clinical requirements of 900 hours. This equals 30 weeks of full time clinical internship with multiple types of settings and varied patient conditions.
 - IRS and the US Accountability Act both indicate that full time employment in the US is 30 hours per week.
 - Total credits will be 170 – based upon the most recent Aggregate report from CAPTE on minimum credits in US PT Accredited programs and the ACCRAO – Edge report for post secondary clinical doctoral degrees.
 - Clinical Education will require 22 credits and Didactic minimum credits to be 68 to total 90 professional degrees.
- FES made recommendation to the FSBPT Board of Directors to accept the CWT 6.

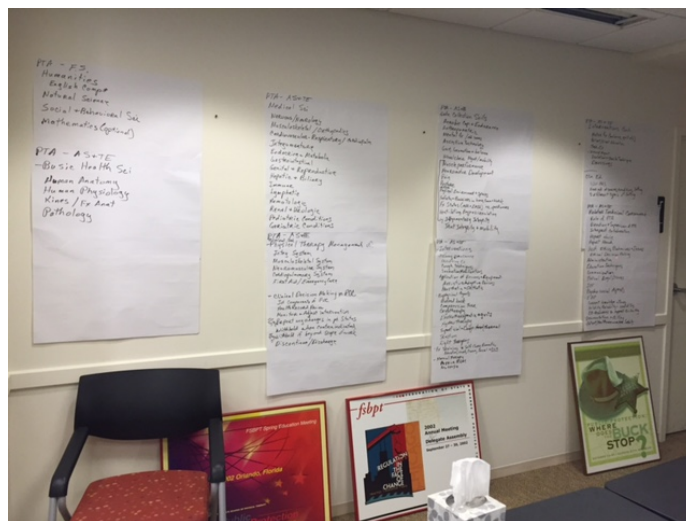
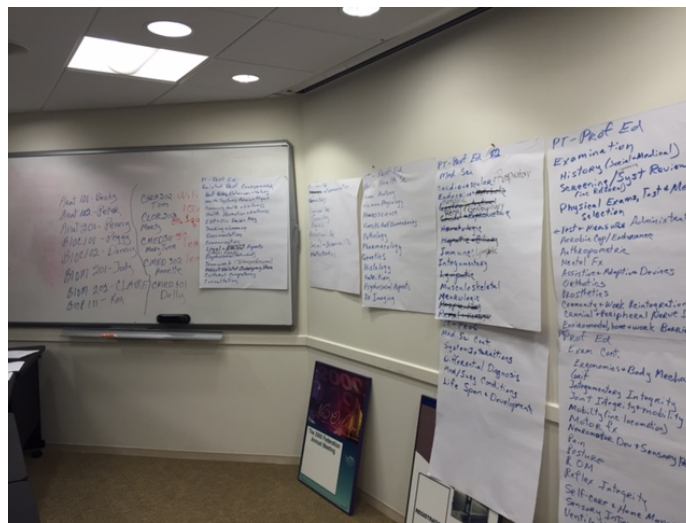
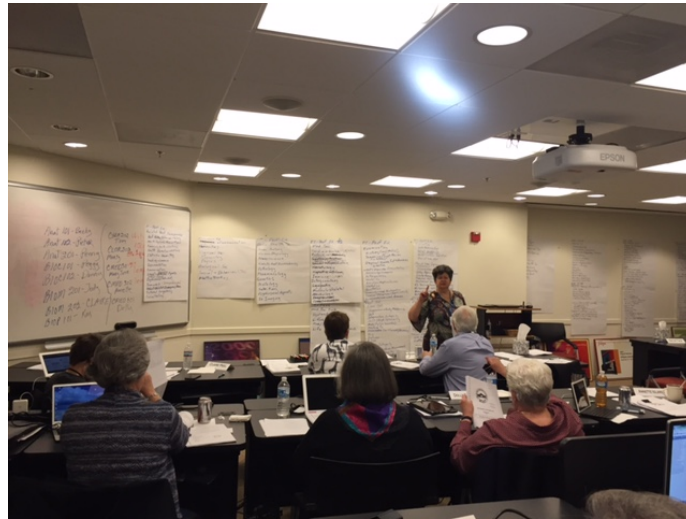
- FES was also charged with the determination of total credits to be required based upon the Annual Aggregate Data Report from CAPTE, as well as the U.S. educational ladder published in the AACRAO-Edge from the American Association of College Registrars and Admissions Officers (AACRAO). Final credit and clinical requirements were adopted based on the committee review.

May 10, 2016

- Final up-dates to the Guidelines based upon input from Taskforce and Staff.
- Staff prepared updated CWT 6 for presentation to the FSBPT BOD.

Appendix R: Pictures from the in-class CWT Training

On January 10th, 2016 FSBPT led an in-class session to ensure all SMEs were trained to use the CWT. Below are a sample of pictures from the training.



Appendix S: Final PT CWT

EVALUATION CHECKLIST

Note for Reviewing Organizations: Please affix official organization seal to the Evaluation Checklist

Name:	Date:
School:	Country:
Degree:	
Reviewing Organization:	
Reviewer(s):	
Signature of Issuing Organization's Authorized Representative:	
Print Name and Title:	

authentication purposes.

General Education

A. Communication and Humanities One course minimum from the category	Credit Hours	Transcript Reference
1. English Language		
2. English Composition		
3. Speech or Oral Communication		
4. Foreign Language		
5. Native Language		
6. Composition of Research Writing		
7. Literature		
8. Visual Arts		
9. Performing Arts		
10. Philosophy		
11. Ethics		

B. Physical Science: One course in chemistry (with laboratory) and one course in physics (with laboratory) are required*.	Credit Hours	Transcript Reference
1. Chemistry (with laboratory)*		
2. Physics (with laboratory)*		
3. Geology		
4. Astronomy		

C. Biological Science: (General- not core to PT) One course minimum	Credit Hours	Transcript Reference
1. Biology		
2. Anatomy		
3. Physiology		
4. Zoology		
5. Kinesiology		
6. Neuroscience		

D. Social and Behavioral Science: Two course minimum from the category	Credit Hours	Transcript Reference
1. History		
2. Geography		
3. Sociology		
4. Economics		
5. Religion		
6. Political Science		
7. Psychology*		
8. Anthropology		

*Required

E. Mathematics: One course minimum from the category	Credit Hours	Transcript Reference
1. Statistics		
2. Algebra		
3. Pre-Calculus		
4. Calculus		
5. Trigonometry		
6. Geometry		
7. Computer Studies		

SUB-TOTAL GENERAL EDUCATION CREDITS: _____

Professional Education

A minimum of 90 semester credits is required in this area.

A. Basic Health Science: Must include but not limited to areas 1– 12.	Credit Hours	Transcript Reference	Justification
1. Human Anatomy /core to PT			
2. Human Physiology / core to PT			
3. Neuroscience (Neuroanatomy/ Neurophysiology)			
4. Kinesiology, Functional Anatomy, or Biomechanics			
5. Pathology			
6. Pharmacology			
7. Genetics			
8. Histology			
9. Nutrition			
10. Exercise Science			
11. Psychosocial aspects of health, disability, physical therapy			
12. Diagnostic imaging			
Subtotal Basic Health Science			

B. Medical Science: Must include but not limited to areas 1 – 111b.	Credit Hours	Transcript Reference	Justification
1. Cardiovascular (including Lymphatic)			
2. Respiratory			
3. Endocrine& Metabolic			
4. Renal, Genitourinary			
5. Immune			
6. Integumentary			
7. Musculoskeletal			
8. Neurologic			
9. System Interactions			
10. Differential Diagnosis			
11. Medical, Surgical Conditions across the life span			
11a. Pediatrics			
11b. Geriatrics			
Subtotal Medical Science			

C. Examination: Must include but not limited to areas 1 – 5w.	Credit Hours	Transcript Reference	Justification
1. History			
2. Screening			
3. Systems Review			
4. Physical Exams, Tests, Measures Selection			
5. Tests and Measures Administration:			
a. Aerobic capacity/Endurance			
b. Anthropometric characteristics			
c. Mental Functions			
d. Assistive, adaptive devices			
e. Community, work (job, school, or play) reintegration			
f. Cranial Nerve Integrity			
g. Peripheral Nerve Integrity			
h. Environmental, home, work barriers			
i. Ergonomics, body mechanics			
j. Gait			
k. Integumentary integrity			
l. Joint integrity and mobility			
m. Mobility (excluding gait)			
n. Motor function			
o. Muscle performance			
p. Neuromotor development, sensory processing			
q. Pain			
r. Posture			
s. Range of motion			

t. Reflex integrity			
u. Self-care, home management			
v. Sensory integrity			
w. Ventilation, respiration or gas exchange			
Subtotal Examination			

D. Evaluation: Must include but not limited to areas 1 - 5.	Credit Hours	Transcript Reference	Justification
1. Data Analysis and Evaluation			
2. Patient Problem Identification			
3. Findings that Warrant Referral			
4. Prognosis and Goal Formulation			
5. Plan of Care Development			
Subtotal Evaluation			

E. Plan of Care Implementation: Must include but not limited to areas 1 (1a-m) – 6.	Credit Hours	Transcript Reference	Justification
1. Interventions			
a. Airway clearance techniques			
b. Integumentary Repair & Protection			
c. Wound Debridement			
d. Electrotherapy			
e. Physical Agents			
f. Mechanical Agents			
g. Community, Work Functional Training			
h. Self-Care, Home Management Function Training			
i. Manual therapy techniques (including joint and soft tissue mobilization and massage)			
j. Patient/Client Education			
k. Prescription, application, and as appropriate, fabrication of assistive, adaptive, orthotic, protective, supportive, and prosthetic devices and equipment			
l. Therapeutic exercise			
m. Mobility Training			
2. Plan of Care Management			
3. Supervision of Support Staff			
4. Outcome Assessment			
5. Discharge or Discontinuation			
6. Patient-related Emergency Procedures			
Subtotal Plan of Care Implementation			

F. Clinical Education 22 credits required*	Credit Hours	Transcript Reference	Justification

Clinical experiences:	Yes	No	TRANSCRIPT REFERENCE
1. Deliver physical therapy services to patients/clients with a variety of diseases and conditions settings			
2. Occur in at least 2 different types of practice settings			

Note: Clinical education must include physical therapist-supervised application of physical therapy theory, examination, evaluation, and intervention. The applicant must have a minimum of two full-time clinical educational experiences (with a variety of patient populations, diagnoses, and acuity levels) of no less than 900 hours.

*Full time clinical education credits is to be 22 credits.

G. Related Professional Coursework: Must include but not limited to areas 1-13.	Credit Hours	Transcript Reference	Justification
1. Professional Roles and Behaviors			
2. Healthcare Systems, Administration, and Management			
3. Community Health			
4. Health Promotion and Wellness			
5. Clinical Decision Making Processes - Evidence-based Practice and			
6. Teaching and Learning (including educational theory)			
7. Documentation (all aspects of patient/client management)			
8. Communication			
9. Legal and Regulatory Aspects of Physical Therapy practice			
10. Ethical Aspects and values of Physical Therapy Practice			
11. Teamwork and Inter-professional Collaboration			
12. Cultural Competency			
13. Consultation			
Subtotal Related Professional Coursework			

SUB-TOTAL PROFESSIONAL EDUCATION CREDITS: _____
(90 minimum)

Academic Institution

Describe the academic level of the educational program and the institution within the context of the country's educational system:
1. Status (recognition/accreditation) within the country's educational system:
2. Entry Requirements (secondary education):
3. Degree Equivalence (Baccalaureate, Post-Baccalaureate etc.)
4. Other (CAPTE accreditation, etc.)

Summary

Total General Education Credits:	
Total Professional Education Didactic Credits (68 Minimum):	
Total Clinical Education Hours (900 Hours required equals 22 credits)	
Total Credits (170 Minimum)	